The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses' Association

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Registered at Ottawa, Canada, as second-class matter

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Editor and Business Manager:—
JEAN S. WILSON, Reg. N., 609 Boyd Building, Winnipeg, Man.

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Tannic Acid Treatment of Burns*

By R. I. HARRIS, M.B., Toronto. Assistant Surgeon, Hospital for Sick Children, Toronto.

Burns (including under this term scalds, as well as burns caused by dry heat) constitute one of the gravest problems with which the surgical staff of a hospital is called upon to deal. They are of frequent occurrence, and the mortality is high. The difficulties of dressing and nursing care are great. Any advance in treatment is therefore of importance, and worthy of serious consideration.

It is convenient to divide burns into five clinical stages, since our treatment of them is dependant upon a perception of these stages, and a knowledge of their nature. Not every burn passes through all five stages. The milder cases may exhibit evidences of only one or two of them. But in any considerable series of burns, the five stages I shall outline are evident, and practically every severe burn will pass through all of them.

The first state is that of shock. This symptom is present in some degree in all burns of moderate or severe grade. It is not usually present in burns of mild degree. It manifests itself first within a few minutes after the burn has been sustained, and if successfully treated is over in twelve or twenty- four hours. Its symptoms are those of surgical shock, viz. subnormal temperature, low blood pressure, rapid, feeble pulse, pallor, and cold perspiration. A small percentage of burned patients die of shock. The majority, if treated by heat, fluids, and occasionally transfusion of blood, recover. The degree of shock is dependent upon the extent of the burn and its depth, so that extensive and deep burns exhibit severe shock, require more treatment, and are more likely to be fatal than are less extensive and more superficial burns.

The second stage is that of toxaemia. It commences about twenty-four hours after the burn has been sustained, and lasts about five days. The symptoms of this toxaemic stage are: high fever (105°), vomiting, convulsions or muscular twitchings and drowsiness. This stage of toxaemia is peculiar to burns. It occurs in no other condition. It is extremely serious, causing the majority of the deaths which occur from burns. One can roughly state that every burned patient who has a convulsion will die. For many years the exact nature of the symptoms occurring during this stage were obscure, but after much work we now know them to be due to toxic protein bodies which are produced from the burned skin by the digestive action of the living tissues underneath it. It takes time for the production of a sufficient amount of toxin to produce an effect upon the patient. Hence, one does not find symptoms of toxaemia till the end of the first day. Similarly the separation of the dead from the living tissue, which is fairly well advanced by the end of the fifth or sixth day, determines that no more toxin will be formed. It is to treatment of this stage of toxaemia that most attention has been paid, and in which most advances have been made.

The third stage is that of sepsis. The onset of this stage overlaps somewhat the stage of toxaemia. In severe cases some infection of the dead skin has occurred by the fifth day. The symptoms are fever and occasionally septicaemia. Locally,

(*One of a series of lectures given to the Alumnae Association, Hospital for Sick Children, Toronto.)

the wound becomes moist, more or less foul smelling, and discharges pus. These symptoms continue until the dead tissue has all separated from the living, and is cast off in the form of slough. The treatment of sepsis consists in the application of antiseptics to the wound.

The fourth stage is that of repair. After the dead tissue is all separated there is left a healing wound. The importance of this stage naturally varies with the extent and depth of the wound. Those extensive and deep wounds in which all the skin has been destroyed over considerable areas must heal from the edges, and this requires much time, and results in the formation of considerable scar. On the other hand, the more superficial burns, in which the skin is only partially destroyed, heal rapidly, even though they are extensive. Treatment in this stage is that of any healing wound, viz: the application of appropriate dressings, or skin grafts in selected cases.

The fifth stage is that of deformities and contractures due to the pressure of great masses of scar. Naturally this stage occurs only after severe, deep and extensive burns. The milder cases have no such stage. Treatment of this complication requires the excision of the scar and the transplantation of normal skin to cover the defect, by means of pedicled skin grafts.

The problems which must be faced in the first, third, fourth and fifth stages are common in any surgical condition, and are treated in the same way wherever they occur. But the problem involved in the second stage, that of toxaemia, is peculiar to burns, and will be dealt with at greater length. Much research by many workers, conspicuous amongst whom was the late Dr. Bruce Robinson, of the Hospital for Sick Children, has demonstrated that the toxic substance is evolved at the point of contact between living and dead skin by the action of the former upon the latter. The toxin is absorbed by the blood and carried to all parts of the body. Many attempts have been made to prevent or to cure this toxaemic condition. Excision of the burned area as soon as possible after it has been sustained, is one's first thought. It is an entirely rational procedure as far as the cure of the toxaemia is concerned. Unfortunately the burn is often so extensive, or is in such a situation, i.e. face, as to render excision out of the question. Then, too, in order to be successful, it must be undertaken quickly, and to do this upon patients who are already shocked is but to increase their shock. Occasionally, though very rarely, a case presents itself in which excision of the burned area is practicable, but for the most part excision has been abandoned as a means of treating the toxaemia.

The presence of the toxic substances in the blood led the late Dr. Bruce Robertson to devise a method of removing the toxic blood and replacing it by means of transfusion. He called this operation exsanguination transfusion. It has proved successful in reducing the mortality from burn toxaemia by half, and is still in use in our hospital. It has, however, certain grave limitations. The amount of blood required is so large in proportion to the size of the patient, that its application is limited to children. It does not remove the source from which the toxin is being produced, but only that which may be in the patient's blood. Consequently the operation may have to be repeated during the toxaemic period. It is a difficult and complex operation, and can only be undertaken in well-equipped operating rooms.

During the past year the problem has been attacked from a new angle by a young surgeon of Detroit named Davidson. He conceived the idea that if the burned area were acted upon chemically it might be

possible to alter it so that its digestion by the living tissue beneath would be prevented or greatly delayed, and hence the production of toxin prevented or greatly diminished. The chemical he selected was tannic acid, and the method he introduced marks a great advance in treatment. By means of a ten-per cent. solution of tannic acid sprayed frequently upon the burned area during the first twenty-four hours it is possible to convert the whole of the dead skin into a sheet of leather. For convenience in spraying, the patient is not clothed, and in order to keep him warm a cradle containing electric light is placed over him. After the tanning is complete (which is not later than the end of the first day) no further dressings are applied. The patient lies in the warmed bed, unclothed, the burned area protected by its sheet of dead and tanned skin.

The tannic acid treatment has been highly successful in reducing the incidence of burn toxaemia, the most dreaded of the complications which may occur. But it has also many other advantages which make it one of the most marked advances in treatment. By its use there is no longer any need for dressings. The burned area is covered with a sheet of dry parchment like leather, which is quite insensitive and painless. When one recalls the daily ordeal of burn dressings, a torture not alone to the patient but to all concerned, the present freedom from pain and from the necessity of dressings seems an even greater boon than the prevention of toxaemia, great as that is. Again, the tanning of the skin and the drying which results from the lighted bed, renders the dead skin so parchment-like that bacteria cannot grow in it, and infection is greatly reduced.

Our brief experience with this new method of treatment convinces us of its great value. Even though it had no action in preventing toxaemia, we would still use it for the convenience and freedom from pain.

Hospital Standardization Conference

The annual Hospital Standardization Conference will be held in Montreal the week of October 25, at the time of the Clinical Congress of the American College of Surgeons. Arrangements are well in hand for an excellent meeting. The Montreal Hospital Council, of which Dr. A. K. Haywood, superintendent, Montreal General Hospital, is chairman, is putting forth every effort to make this conference a great success. Montreal, with its extensive and modern hospital facilities, is a most suitable place to hold such a meeting. Trustees, superintendents, doctors, nurses, hospital personnel, and others will be more than repaid through the practical benefits to be derived therefrom.

A four-day programme is being arranged. The first two days, October 25-26, will be given up chiefly to practical symposia. The first symposium will be on Nursing, Monday afternoon, October 25, 2 to 5 p.m., in the Windsor Hotel. This should be of great interest to all nurses in the field. Discussion will be from the various viewpoints, namely, the medical profession, the hospital group, and the nurses themselves. Several noted leaders of the nursing profession in the United States and Canada will be present. An invitation is extended to all nurses who possibly can to be present on this occasion.

A joint conference of nurses, doctors, and hospital people, such as stated above, will be of extreme constructive value to the three groups primarily interested in the best care of the patient. Nursing today plays such an important part in the care of the patient that the utmost co-operation and team-work among these three groups is desirable. This is the first time an opportunity has been afforded for such a joint conference. The entire afternoon will be devoted to open discussion of nursing from all standpoints, with a view to bringing forth a constructive solution for the varied viewpoints held regarding nursing standards, nursing education, and the present trend of nursing service. It is expected that over two thousand of the leading surgeons and physicians of both countries will be present.

Editorial

The History of the Canadian Nurses Association

"To all those Canadian nurses who gave unselfishly of their time and energy in the organization work of their profession, this little volume is gratefully dedicated."

How much might be added to this simple and brief dedication! The little volume referred to is brief and gives only the outline of the organization and development of our National organization. Another volume with many more pages could be written on the wonderful vision, courage and steadfast perseverance of those nurses to whom we owe the laying of the foundation stones. The organization of the Canadian Nurses Association actually came as a result of the desire of those pioneer nurses to keep pace with nursing progress throughout the world and to make it possible for Canadian nurses to contribute their share to the international development of the nursing profession. The Association came into existence in Ottawa, October 8th, 1908, and assumed international responsibility on July 19th, 1909, in London, England, when the Canadian Nurses Association was accepted into membership by the International Council of Nurses.

This brief history tells only of the accomplishments of the Association, and the reader must supply for herself the picture of the unselfish, energetic service which brought the Association through its first troubled years of life. The older members, who have been familiar with the progress of the development of the Association, will find in this small volume many names that will bring back memories of struggles that are past as well as memories of satisfying accomplishment. Who among the older members will not have a thrill of pride and a deep feeling of gratitude when they see the pictures of our three honorary members, Miss Snively, Miss Livingston and Miss Stanley? Nursing throughout Canada has been strongly influenced by these honoured members and by many other pioneers. The older members owe to the younger nurses and to the nursing generations to come the passing on of the wonderful heritage we of this generation have received and to keep vividly and constantly in their minds the history of the years that have brought nursing to the present development and the Canadian Nurses Association through its early and most difficult years.

This brief history will help by giving the outstanding facts of these early years and will supply a framework on which we older nurses may weave for the younger ones the wonderfully interesting story of the development of the profession in this Canada of ours. It will also be the means of making each one realize with a greater degree of pride and an increased feeling of personal responsibility that she is the privileged member of a profession to which is entrusted the care of the sick not only of this nation but of all nations. With this realization will come the thought that each one must do her part during her period of active work and participation in the nursing affairs of to-day to render the necessary service by which our beloved profession will develop, and be enabled to serve the nation as well in the future as it served in the past under the guidance and broad vision of the nurses to whom this volume is dedicated.

Four Master Words

By Dr. DAVID A. STEWART, Medical Superintendent Manitoba Sanatorium

It is an honour to be invited, and a pleasure to come, to a sister hospital, to join with you in the ceremonies, the meditations, and the festivities of your graduation evening.

The ceremonies of graduation are pretty well over; the festivities are yet to come. Between the two there has been set apart by your seniors and preceptors a half hour for meditation, and in that meditation I am to lead you. The older generation, you see, has no idea of letting slip such an exceptional opportunity for offering advice to you of a younger generation.

To the student, graduation appears a far goal to reach, an end to attain, a work to finish. It is the chief duty of every speaker at every graduation to show that it is not an end, but a beginning. For this reason it is sometimes called not graduation but "commencement."

Now what does it really mean? What says the dictionary? The Latin *gradus* is a step, a pace, a measure, a standard; always relative, never absolute. It is never final. There is always something below it and something above it. A graded school is a school of many classes and standards. Graduation is the end of one step and the beginning of another. It essentially denotes action, not rest. "Gradual," "graduation," "gradient," of the same family of words, all suggest passing constantly from lower levels to higher.

In a very real way every new sunrise opens up for each of us a new term of work and study, and the end of each day is for each a time of graduation, perhaps with honours, very often without. The true spirit of this daily graduation I have spoken of, or of the less frequent graduation we are celebrating this evening, is in the ringing words of Saint Paul: "Brethren, I count not myself to have apprehended; but this one thing I do, forgetting those things which are behind, and reaching forth unto those things which are before, I press toward the mark."

There is always room for improvement in the work of our hands, in its quality, in our attitude toward it, in our own selves. To all of us, then, but chiefly, on this their special evening, to the ladies of the graduating class, I present four words, with a cluster of commonplace thoughts about each. The four words are, *Knowledge, Work, Conscience, Charity.*

Knowledge

First to be considered, though not necessarily first in importance, is *Knowledge.* The head should be sound and reasonably filled also. Not much can be *done* before at least a little is *known.* Even before we can *be* very much, we must *know* something. And knowledge may grow until in time it becomes wisdom, which is a much greater treasure. Knowledge, you know, may be proud that it has learned so much. Wisdom will always be humble that it knows no more. Edison calculates that we know just about one seven-billionth of one per cent. about anything.

A wise precept of the olden days was, "Know yourself." Perhaps self-knowledge is a beginning of wisdom, the root of humility, and a proper basis for all endeavour.

Know your physical selves; what you can and cannot do, what you should and should not attempt. Learn to invest your powers. Do not gamble with them. The old saying that one is a fool or a physician at

(Address to graduating nurses, Mental Hospital, Brandon, June 2, 1926.)

forty (we trust never *both*) means just this, that by mid-life you should have a very fair working idea of the powers, the limitations, and the proper care of that very wonderful machine, your body. "If health be the very source of all pleasures it may be worth the pains to discover the regions where it grows and the springs that feed it." (Temple.)

Know your mental selves: your strong points if you have them, but most of all your defects and weaknesses. Learn the truth as far as you can. Make a proper estimate.

Be broad-minded. If you had within your one brain all that men have learned since the race began, what is it but a candle flicker set in the enveloping darkness of an infinite vast unknown? Look up into the heavens. Consider the stars in their courses, the Seven Stars and Orion. Consider worlds so remote that even swift-winged light lags hundreds of years on the way. In such a universe our world is but a pin point, and our little bits of space and time scarcely pin points in the world. Take such a far view once in a while to get away from village gossip. Be broad, not narrow. Be large, not petty. Have open minds, not closed minds. A moat in the eye can obscure the whole universe. Have many interests. An educated man is one who has many windows to his soul.

Read for knowledge and for culture as well as for amusement; and never kill time. Set a high value on all fragments of time. Culture, betterment, knowledge, wisdom, entertainment, hobbies, almost life itself come to most of us only as we learn to treasure odds and ends of time. Few of us have large quantities of time for such things, and if we had we likely would not use them. Time, like money, loses its value when we have too much of it. He enjoys money most, and leisure most also, who has to earn it before he can spend it. Busy people make more out of minutes than idle people do out of days and weeks. Spend time, but don't waste it; that is profligacy. Invest time, but don't squander it; that becomes bankruptcy. Don't kill time, for that is suicide. Don't waste your own time; don't waste time for anybody else, and don't let anybody waste your time. Almost any other loss can be made good somehow, but time when it is gone is gone wholly and forever.

If you were to go along the street wearing your great-grandmother's hoop skirt and poke bonnet you would expect to be stared at. But you might go about with mental equipment and a fashion in ideas just about as antiquated and scarcely be noticed. Improve yourselves. Add to your experience. Better your skill. Learn from anybody and from anything that can teach you. Know your work. Get up-to-date. Keep up-to-date. Be alert. Keep your lives full. "Let knowledge grow from more to more." "Great is truth and mighty above all things." (Esdras.) "The excellence of knowledge is that wisdom giveth life to them that have it." (Ecclesiasticus.)

Work

The second master word is *work*—the work of your hands. "Whatsoever thy hand findeth to do, do it with thy might, for there is no work, nor device, nor knowledge, nor wisdom in the grave whither thou goest." What is after all the best thing that you can get out of life: its highest and best satisfaction? I don't know any greater than this: to do something well worth doing, and do it with all your might. I don't know any better fun after all than work.

The savage works that he may eat and live today and has no thought for the morrow. The more civilized man works today that he and others may live better today and still better tomorrow. The savage is driven by necessity; the man of higher type

drives himself toward an ideal. The very work you have chosen marks you out as those who work toward an ideal.

Work hard; work overtime. The saints of old were supposed to have been so much better than ordinary men that they piled up a considerable surplus of merit. Their good works over and above a reasonable human average were sometimes spoken of as works of super-erogation, works over and above. About the only work that ever gets anywhere is work of super-erogation, work over and above, work not bargained for: what *can* be done rather than what *must* be done. No one gets very far on the minimum. No one does very much by doing just what he has to do. In a way most big things can be accomplished only by neglecting the commoner duties, by leaving some little things undone. So a disciple of old had to leave brother and sister and father and mother to enter into a higher relationship. The people who go far are those who do more than they are paid for; more than they are expected to do; more than others are accustomed to do. Don't be afraid of wearing yourselves out by work. More machines are destroyed by rust than by over-use. It doesn't matter anyway how long you live; the great thing is how *much* you live. Measure your life by depth and width rather than by length. Many an alligator in the swamps of Florida has lived ten times as long as Socrates or Plato. Many a loafer has lived many more years than Newton or Shakespeare. Bacon advises "In sickness respect health principally, and in health, action," which might be paraphrased—when sick do the duty of a sick man, try to get well, and when well do the duty of a well man, work.

The human body is good for only about seventy years anyway. Why keep it too much wrapped up in cotton wool? You won't succeed in living forever. If you are healthy use your health even to the point of wearing it out: that's what it is for. As Bernard Shaw says, "spend all you have before you die." You cannot use your cake and have it and the worst of all is to let it mould on the shelf. Don't outlive yourself. A master word is work.

Conscience

The next great word is *conscience.* No matter how much you may know or how hard you may work you may yet come to utter shipwreck without conscience. Indeed, the more the knowledge and the harder the work the greater the wreck if direction is wrong. Look at the great ocean liner. Half the sciences of the world contribute to her perfections. She has charts of all the seven seas. All navigation since the flood has accumulated wisdom for her guidance. Science, knowledge, has a supreme embodiment in her. And the work of her powerful engines may be counted by the thousands of horse power. But all the science that shaped and fitted her and mapped the seas for her, all the powers of her throbbing heart and iron sinews will not keep her course right but simply drive her to ruin without one small bit of equipment, the compass. To steer by compass is to go prosperously from port to port on missions of civilization; to neglect the compass is destruction. And if you and I are to steer our lives aright and reach the desired haven of a life well spent we must have more than brain and knowledge, more than brawn and energy, we must have the compass of human lives, conscience.

A ship's compass must be kept clear of undue influences. A chunk of steel hung near it could put the ship on the rocks. And when we consult our compass, that is, conscience, we must make sure that we listen to what it tells us and not to the echo of our own wishes. See that conscience is not tampered with. Let it say its say without fear or favour.

Get the naked truth. Let it tell us of unpleasant duties, and do not drown its voice with our own easier wishes and desires. A dozen fine ships of the United States Navy a couple of years ago were piled on the rocks, wrecked and lost, simply because the pilots were confused and misled by radio signals that came from they knew not where. If we would not be carried hither and thither and confused by surrounding influences we must steer our course by the compass within us, conscience. And when conscience has spoken we must do. Conscience to say and will to do are but two sides of the shield. "Study then the dominion of thyself, and quiet thine own emotions." (Sir Thomas Browne.)

Charity

Knowledge and power, and work and even conscience may make a strong character but not a complete one. Many good people and wise people, devoted and conscientious people are very unattractive. The Puritans were not very popular. A softer element that makes for attractiveness and for much else is *charity*. We have spoiled this good word by narrowing it down until it has only a little left of its true meaning and even that little has lost much of its aroma and charm. Charity is not the giving over of an old hat we have no further need for, or the dropping of a coin into a collection box, or the putting of a name on a subscription list. So-called charity may be charitable or it may not. Charity is affection and consideration for our fellow mortals. It should be stronger in all of us than it is, but among all the good citizens in the community, apart from the mothers who have it by divine right, it is needed most of all by nurses and physicians.

"True Charity," as saith Sir Thomas Browne, "is sagacious"—a fine motto for any worker among the poor and needy. *True charity is sagacious.* And again Sir Thomas—"He is rich that hath enough to be charitable," "Thy good works not thy goods will follow thee," "As many ways as we may do good, so many ways we may be charitable." . . . "Be charitable before wealth makes thee covetous, and lose not the glory of the mite." . . . "Let not the sun in Capricorn go down on thy wrath." . . . "Write thy wrongs in ashes." . . . "Fear not to be undone by mercy." . . . "Look humbly upon thy virtues; and though thou art rich in some, yet think thyself poor and naked without that crowning grace which thinketh no evil, which envieth not, which beareth, h o p e t h, believeth, endureth all things.

"Bountifulness is as a most fruitful garden and mercifulness endureth forever." (Ecclesiasticus.)

Now hear Saint Paul—"Though I speak with the tongues of men and of angels, and have not charity, I am become as sounding brass or a tinkling cymbal.

"And though I have the gift of prophecy and understand all mysteries, and all knowledge; and though I have all faith, so that I could remove mountains, and have not charity, I am nothing.

"And though I bestow all my goods to feed the poor, and though I give my body to be burned, and have not charity, it profiteth me nothing."

Charity should not only make our actions right but ourselves right as well. Not all the books on etiquette can teach the elements of proper behaviour as can the words of Saint Paul:—

Charity suffereth long, and is kind; charity envieth not; charity vaunteth not itself, is not puffed up, doth not behave itself unseemly, seeketh not her own, is not easily provoked, thinketh no evil; rejoiceth not in iniquity, but rejoiceth in the truth; beareth

all things, believeth all things, hopeth all things, endureth all things. Charity never faileth. . . . And now abideth faith hope, charity, these three; but the greatest of these is charity.

I will repeat them once more—the four words—*knowledge, work, conscience, charity,* the head, the hands, the will, the heart. "Above all things," said old Ambroise Pare, of those who care for the sick, "They must remember that they are called of God to this vocation, therefore they should go to it with a high courage free of all fear." Finally,

"The world is so full of a number of things,
I think that we all should be happy as kings."

The Status of the Junior Red Cross as a Factor in Education

By Dr. HENRY N. MacCRACKEN, President of Vassar College*

Your speaker comes not as a regular in the ranks but rather like the citizen of republican Rome who in ancient days took his hand from the plow on occasion and buckled on his armour in defence of his native city.

It is a pleasure to reflect that these words of mine are to be translated into the Spanish tongue since thus may be symbolized the contribution of Spain, the mother country of many representatives here, in first developing the Red Cross for the world. More than ten years before the United States of America perfected its plan the Spanish Red Cross had realized the power of appeal of its ideas to children. Elsewhere in the world also the idea arose independently; and this only bears testimony to the efficacy of the principles which underlie our work. It may be taken as an axiom in the history of thought that when ideas of permanent value originate, they do not originate in one mind or in one place alone. As a rule the idea comes to blossom almost simultaneously at many points just as by the mystery of nature the cherry trees throughout Washington blossom on the same day. We may more readily believe that our movement is endorsed by nature since no one man or woman can really claim originality in it.

In greeting the delegates representing the Junior Branch of Red Cross Societies throughout the western hemisphere, I wish to salute them as fellow educators. As a teacher of twenty-six years standing, first in schools and afterwards in universities, I claim in my few remarks this morning to speak for the teaching profession as well as for the Red Cross Society which honours me by this invitation. And it is because I believe that the ideals of the two institutions, the Junior Red Cross and the school are essentially one and need never come into conflict that I can speak honestly and sincerely this morning of my faith in the place which the Junior Red Cross has come to enjoy in those schools which have given it a fair and full trial.

There is abroad in the world a new philosophy of education. It asserts that the child is an end in itself, that the primary duty of the teacher is to love his pupils, that knowledge is secondary to this spirit of devotion to the child. It claims that education is limited to what the child may experience, that the child can learn only by doing, that what does not engage the child's interest is educational waste and that the profit of education consists in those habits and aptitudes, those knowings-how which the child has laid up in memory and skill against the day of maturity.

(*Read at the second Pan-American Red Cross Conference in Washington, 1926.)

This may be an over-statement of the position of the new education, but it is a familiar doctrine in every teachers' meeting in the United States. It is indeed, a philosophy that appeals to our citizens, who are justly characterized by citizens of other nations as persons who prefer, at times, action to reflection. This philosophy does not sufficiently take into account the value of contemplation. It does not sufficiently emphasize the fact that meditation is also an experience. The more thoughtful philosophy of the Mediterranean which has given birth to most of the philosophical systems has much to teach us in this respect. Yet it is perhaps true that the gospel of action as a principle of teaching was a happy escape from the over-emphasis upon rhetoric which for hundreds of years had restrained the natural freedom of the child, and which is no less inimical of true thought and meditation than was the western principle of action.

Whether or not all of us are adherents of the new philosophy of education in its entirety, we all of us subscribe in part at least to its appeal. We recognize the happiness of the child and therefore his rightful claim to it when to him is afforded through the school some share in a worthwhile activity. We have come to regard the child as a citizen, not merely a citizen to be but a citizen in being, sharing all privileges proper to his age. So vast is his relation to the commonwealth that for him we expend the major portion of our taxes exclusive of the military arm. His protection and care, his education and training, are recognized to be the responsibility of the State. The index of his vitality is regarded as the proper criterion of civilization. That country in which infant mortality is falling is said to be upon the upward course of progress; that country in which infant mortality is rising is retrogressive.

One great principle in particular we have all accepted from the new education—that there is nothing in the world of human activity or association which may not be adapted to the child in his age, made a part of his experience. We no longer shut away the facts of life in Blue-Beard's closets, forbidding, upon pain of mental death, the child to open them. This is the natural corollary of the fact that with expanding civilization and increasing population, the child shares with the adults the fate of the nation. Is there a famine? Children are hungry. Is there a war? Children are killed. Is there an earthquake? Children feel it. And therefore, since the destructive forces of nature cannot be kept from children, we must reveal to them also, as in duty bound, the constructive forces of society which comprise man's noblest works; those works by which he asserts the will to survive, his defiance of the elements, and his generous and sacrificial service which knows neither continent nor hemisphere.

It is upon this principle that the Junior Red Cross is developed. The Red Cross of the world, which is but to say society organized for mutual aid, under certain conditions of catastrophe, through the school, takes the child into its confidence and says, "Here we are, men and women, boys and girls; we live together in this world in which catastrophe unfortunately exists. In our happy moments we forget it, but not carelessly, for we have provided against its occurrence certain skills and aptitudes and remedies. These habits of society we have chosen to coordinate in a great world-embracing organization under the Red Cross banner. It is the most extensive social movement in the world. You and your school can be a part of it if you will."

In the problem of training the child to be a good citizen two difficulties arise within the school. The

first difficulty is the remoteness of the school from the actuality of experience. Within its walls children pass the day with books and with each other. Experience seems to them unreal. "The thoughts of youth," one of our poets has said, "are long, long thoughts," and the hours of youth are long, long hours. The child's eyes will wander from the book that he is studying to gaze in fascination upon a fly moving upon the window pane, merely because flies represent energy, movement, reality, while the letters upon the printed page represent abstraction, unreality. Even in the newer schools the activities developed have a certain artificiality which is ineffectually glozed over by the principle of play or the creative imagination. There is a certain dissociation of children in school from the rest of their world. To this dissociation may be ascribed the origin of that chasm which is found in modern civilization between the old and the young, between the young and the community as a whole. The lack of responsibility, the self-justifying attitude, the tendency to escape in unreality as the only happiness, which is the most common disease of the mind today.

But when the school seeks the remedy for this condition of remoteness, it is at once confronted with the problem of social organization. The moment the schoolroom door is opened in many lands, an innumerable host of societies rush clamouring to the classroom, all demanding the opportunity of airing their pet hobby. Against this assault upon the classroom the American educator has recently raised his voice in active protest. He is even including our Red Cross Society among those competing organizations, unjustly I think. If the school, bewildered by such an invasion of its quiet precincts, closes the door, these societies sometimes avail themselves of the child's leisure day outside the classroom for the promotion of their social end. The great child's societies of Boy Scouts and Girl Guides, now world-wide organizations, are in a sense the rivals of the school since they absorb the child's energies in the leisure day and continue his experience so extensively outside the classroom. The school has, at times, not been without the danger of absorption in the Boy Scout movement.

What, then, is the answer of the Junior Red Cross to those two difficulties of the school? To the first question of the school: "How can I relate myself with reality?" the Junior Red Cross says "By associating yourselves with the best social movement in the world, with that vast though often intangible sympathy among men which bids them bury all hostilities in times of overwhelming danger. Take into your curriculum the Red Cross as a fact of history not less to be learned than the date of the founding of Rome, the discovery of the Cape of Good Hope or the voyage of Magellan. As a fact, potent and fraught with significance for the survival of the race, the Red Cross epitomizes the great instinct of mutual aid which mankind has preserved deep within its consciousness since the dawn of human history."

If the school says thereupon, "Well, but if I must thus admit you to the curriculum how can I keep you out? How can I prevent you from absorbing the school? How can I be sure that the avenues which you offer me as leading to reality will not be avenues down which my pupils will scamper for a holiday and play truant from the classroom?" To this natural and justifiable question the Red Cross replies, "We do not enter the school. It is for you only to share so much of your programme as you desire. The activities which we offer become projects in your classroom as you may determine. The lessons which you

teach on geography and civics, on hygiene and physical training are not absorbed by the Red Cross; they are motivated. You are no more absorbed by the Red Cross than is your classroom absorbed when, having installed a fixture for electric light, you connect with the wires from the power station which shall give the illumination which you need. The Red Cross is not an association rivalling the school. It is a form of energy which you may harness to your need. It does not invite your pupils away on a holiday. It makes them rush to the school room eager to make their civics real, their reading lessons a pleasure—since it associates them with reality."

I hold in my hand the Junior Red Cross News of the United States, the May number. On it is the motto "I serve." Its frontispiece in colour shows me two Indian children shyly hiding their round faces in the bright blankets in which they are clothed. The yellow dunes of the desert stretch off to the blue Sierras which form the horizon of their lives. This magazine comes to a classroom in Mt. Sterling, Kentucky, a district in the heart of the United States. The children have become interested in the lives of Indian children upon our reservations. They have become interested in their needs, for unfortunately civilization, too rapidly brought into contact with primitive people, brings catastrophe. So children of this country school collect seeds to start gardens for Indian children and send them far away to the plains of the southwest as a gift and as a greeting. The lessons in botany, geography, and anthropology, often taught, and the whole range of school subjects, may be vitalized by such an action. Another city school sends children's magazines which it collects and a correspondence on the subject treated springs up between the schools. Thus, perhaps for the first time in the history of education in the United States, our children are brought into definite and immediate contact with the Indian children who are the wards of the nation. In their minds there has been implanted the sentiments of sympathy and understanding, thoughts of mutual responsibility and helpfulness; and it may be that out of such contacts it will come to pass that Americans will be more proud of their guardianship of the Indians than their past contact has permitted them to be.

Again, the report from a large city says that this is the first time that school children have ever been given an opportunity to do for others less fortunate than themselves. They are interested in service, at the same time learning to make things with their own hands. Another paragraph tells of the life-saving classes conducted as summer activities among the school children by the Junior Red Cross. In the city of Boston, a city of a million inhabitants, in eighty-five playgrounds last summer there were Junior Red Cross programmes in addition to home hygiene in special centres. These programmes include work for hospitals and other agencies where there were children in need. The Red Cross is, in this case, simply a channel through which the contacts pass. Given this sense of reality and value learned by children in the classroom, the organization is easy.

Children can learn something of government from the little society of Red Cross, which they devise, when all is within the power and direction of the school to promote so much as it will. The Junior Red Cross competes with no other agency, least of all with the school. Yet because it is world-wide, because the technique within the range of activities with which it is concerned has been developed by itself through many years, and because alone of modern social organizations it affords direct

contacts between the schoolrooms of different countries, our teachers have found it the one useful society with which the school may affiliate without fear.

One of the leading ethical teachers of to-day says that the ideal of education is knowledge guided by love. There is nothing new in such a definition. It is not different from the ideal of the Founder of the Christian religion or the great ethical teachers who preceded Him in Jewish history. It is identical with the ideal of Buddha and that of Confucius. But how can love guide knowledge in the schoolroom unless that love be concretely illustrated in the person of some other child: some other child whose need is real? And how can such a contact be made between these children save along the lines already provided by the Junior Red Cross of the world? How can love become a guiding principle except as it be separated from the possessive instinct? It is not through knowledge of the child in the next house, the child who is one's own cousin, the child who lives in one's own city, that children can learn to love. The child's mind, as the Junior Red Cross has proved, bridges vast oceans with a span of affection, and children in America have learned to love children in China by means of their knowledge one of another through the Red Cross.

This same ethical teacher, Bertrand Russell of England, whose book, "Education and the Good Life," has just been published, names four attributes of child character as aims of education: they are vitality, courage, sensitiveness and intelligence. In the field of character building the Junior Red Cross claims a big position. It is the only great society teaching the school on many points, in which the avenues of activity begun in school may be continued in mature life. Unlike the Boy Scouts, the Red Cross embraces the whole of life. It is a symbol of the volunteer through its universality of aid. Through its Juniors in school it inculcates those habits which will be the most fitting preparation for the life of the citizen, mature and full grown. But let me review in some detail all those principles of character thus enunciated.

By vitality our philosopher would designate that store of full physical energy which the perfect organism daily gives forth. It is the Greek ideal of perfection, a perfection not static but active and kept perfect because active. Similarly, the principle of courage is used to designate that mental attitude of readiness to engage without thought of fear or hesitancy as the will may suggest. It is the perfection of the mind's function which is desired, freed from nervous fatigue, from worry and anxiety of every kind. This is the ideal of the Junior Red Cross in every respect. We have found that no one can serve others who cannot serve himself. One does not save a drowning man except by knowing how to swim. One is never ready as a citizen unless all one's powers are at one's command. Physical efficiency is the Red Cross ideal in stemming the tide of the world's catastrophes. The Red Cross has endeavoured to maintain the standard of physical strength to the utmost of its own powers.

But even more than in the physical field, the Red Cross has endeavoured to minister to the mind diseased. In times of war the most valuable service is not the actual care of the wounded men, however lofty be that humanitarian aim. It is because the knowledge that the wounded man is being cared for creates morale in the army and confidence in the future that the Red Cross contributes so powerfully to national integrity. It is because of the knowledge that the Red Cross at home is organized to care for the beloved community that the soldier's mind is free as he enters the battle, and what is true in time of war, which

we all hope may never come again, must be even more true in time of peace. Children who live in lands where earthquakes occur must possess themselves in serenity because they know the Red Cross is able to care for such as may be overtaken by the calamity. Children everywhere are the happier because they can add to the sum total of good which the world has placed upon the credit side of its ledger: the Red Cross and its activities.

Sensitiveness is the third aim of education according to our scholar. By sensitiveness is meant a sympathetic response to what is going on in the world. This is the very essence of the Junior Red Cross. Human beings are provided, like insects, with social antennae and can feel as with a sixth sense a human situation that is brought to them. The Junior Red Cross brings to the classroom such situations from all over the world, and it affords training in sensitiveness which the school alone can never give. It makes concrete what would otherwise remain abstract. It renders wholesome what might otherwise degenerate into sentimentality. It accustoms the will to habits of action when confronted with emergency where otherwise a feeling of helplessness might be engendered.

Lastly, intelligence is the aim of education,—the trained intelligence, of course, since intelligence in the stricter sense is an innate capacity. The Junior Red Cross, the personnel of which is wholly made up of teachers, exists as an educational function. Its technique and its skill are the result of trained experience in the field of education. It rests upon the historic experience of the Red Cross throughout the world—sixty years of unstained honour. It insists upon skill and it possesses an argument that appeals instantly to the logic of the child, an argument which perhaps no other organization possesses. One can be careless with almost anything in this world except a human life. That is a thing that cannot be replaced once lost, and so the professions of medicine and nursing, which maintain perhaps as high a code of ethics as exists in the world today, are the model of the Red Cross Service. The child must instantly perceive the risk—why it is necessary to study languages when through that medium alone his own mind may touch the mind of the child in a far-off country. He must instantly perceive the need of skill in bandaging when in the Red Cross demonstration he has learned that wrong bandaging may make bones grow crooked or flesh decay.

Thus at every point we who are associated with the Junior Red Cross find ourselves in agreement with the soundest principles educators have set forth as the ideals of the twentieth century. We have but to ask ourselves the questions: Can the Junior Red Cross stand the test of time? What has been the testimony of those who have tried it? Is there already authority behind it? The charts and maps, the collection of statistics, magazines and pamphlets which are in use during this conference must be the answer. I can say personally that in my ten years of association with the organization I have never known any movement to meet so little opposition as this one. It has not, indeed, had sufficient constructive criticism from which to learn, for I believe in constructive criticism most heartily. Its limitations are the limitations of a school system. Its difficulties are those of the training of the personnel of the schools. Its errors those inherent in human society. But I have seen farms in Italy, playgrounds in Belgium, hospitals in Poland and summer colonies in Czechoslovakia; classes in art in Austria, and in carpentry in the United States, which have been filled with vitality, courage, sensitiveness and intelligence, all

through the medium of the Red Cross. Am I then unduly optimistic when I claim for an organization which can do this, the endorsement of authority, that authority which derives not from persons in high place, but from the ultimate authority in education, the child itself?

Carriers of Disease

Even primitive man must have suspected that the sick communicated their sickness to the healthy. But only in recent times has it been established beyond doubt that healthy persons may carry disease to others. This theory, expressed in the one word "carriers," has done more to advance the cause of preventive medicine than almost any other teaching in modern times. It has taught us to seek for sources of infection hitherto unsuspected, and it has enabled us to discover the origin of many epidemics which would otherwise have remained obscure.

The list of diseases often communicated to the healthy by the healthy is quite long. It includes typhoid and cerebrospinal fever, cholera, diphtheria, meningitis and poliomyelitis, to name but a few. In the case of typhoid fever it has even been said that if "carrying" could be prevented, the disease itself would soon be stamped out. For while it is comparatively easy to isolate the patients suffering from an acute attack of typhoid fever, it is next to impossible to isolate continuously the healthy person whose one crime is that he harbours the typhoid bacillus for years. Most of us know the pathetic figure of "Typhoid" Mary, the American cook, who, instead of "Trailing clouds of glory," trailed typhoid bacilli wherever she went, bringing disease to many and death to not a few. In one of the epidemics, with which she was credited, there were as many as 1,350 cases and 82 deaths.

What can the community do with its carriers? Each disease, spread by carriers, presents a problem by itself; what is feasible in one disease may be quite impossible in another. In the case of typhoid carriers, there are several possibilities. Attempts may be made to disinfect them—to give them large doses of drugs in the fervent but not altogether well-founded hope that they will kill typhoid bacilli in even weak solutions without injuring their host. Very many drugs have been tried, but the results have been disappointing. More radical and more effective is the removal by an operation of structures, such as the gall bladder, which form a breeding ground for typhoid bacilli. Many carriers have submitted to the dangers and discomfort of this operation and have since ceased to harbour typhoid bacilli.

In institutions, such as asylums for the insane, another course is possible. Typhoid fever is apt to be endemic in asylums because of the close contact and slovenly habits of their inmates. By making a systematic examination of all the patients for typhoid bacilli, most of the carriers could be discovered, although a few would be overlooked as some persons discharge typhoid bacilli only at irregular intervals. The carriers found in the various asylums under the same central control could then be

grouped together in one institution where special provision could be made for them.

It has been calculated that from 1 to 3 per cent of all patients who have suffered from typhoid fever remain as carriers for an indefinite period. As there are also many carriers who have become such without suffering from a preliminary attack of typhoid fever, it follows that the number of carriers in the world must be considerable. In an American asylum, about 4 per cent. of all the inmates proved to be carriers of typhoid bacilli, and it is probable that this proportion is much higher in many other asylums.

Medicinal treatment, operation, segregation are but some of the remedies advocated for the treatment of carriers of various diseases. The problem is still far from being solved, and it is one with which the public as well as the medical profession must concern itself. When medical science can give a definite lead as to the attitude society must adopt towards the carrier, new legislation may have to be adopted in several countries, and its adoption will require the intelligent co-operation of the public. At present, our attitude towards the carrier, whether he be the carrier of cold in the head or of typhoid fever, is inevitably somewhat uncertain. In this field, as in every other field of medical science, we need more light.

(From the Secretariat of the League of Red Cross Societies, 2 Avenue Vélasquez, Paris 8°.)

A WRITER'S REQUEST OF HIS MASTER

Lord, let me never tag a moral to a story, nor tell a story without a meaning. Make me respect my material so much that I dare not slight my work. Help me to deal very honestly with words and with people, because they are both alive. Show me that, as in a river, so in writing, clearness is the best quality, and a little that is pure is worth more than much that is mixed. Teach we to see the local colour without being blind to the inner light. Give me an ideal that will stand the strain of weaving into human stuff on the loom of the real. Keep me from caring more for books than for folks, for art than for life. Steady me to do my full stint of work as well as I can, and when that is done stop me, pay me what wages Thou wilt, and help me to say, from a quiet heart, a grateful amen.—HENRY VAN DYKE.

Systems of Medicine

The first system of medicine of which we have any detailed knowledge is that of the Ionian philosophers, who lived some 500 years before Christ, and whose great representative was Hippocrates of Cos (B.C. 460-370), generally acclaimed as the father of the profession of medicine. Hippocrates passed beyond the stage of mysticism. Disease he recognized as a process governed by natural law, and so we find in his system a minute observation of symptoms, attempts at classification and hypotheses deducted from observations. Hippocrates made one very important observation, namely, that nature tends to overcome disease, and he considers it the duty of the physician to study nature's ways of healing and to assist her when he might. His theories were not all as happy as this one. There was, for example, the humoral theory that the body contains four humours: blood, phlegm, yellow bile and black bile, a right proportion and mixture of which constitute health. This theory was elaborated by Galen (3rd century, B.C.), but Hippocrates undoubtedly was the first to enunciate in some form the humoral theory of disease. He taught, for example, that delirium accompanied by laughter was due to a disorder of the yellow bile, but that delirium accompanied by despondency was due to a disorder of the black bile.

When Alexander the Great conquered the world, he carried Greek medicine with him and started several centres of medical culture. The most famous was that which became the Alexandrian School. The Greeks had done very little dissecting, but in Egypt they had no qualms about investigating the structure of dead bodies, or even of live bodies when the latter belonged to the criminal class.

From the time of Hippocrates there have always been rebellious and unorthodox schools of medicine. Eristratus (d. 280 B.C.), who helped to found the Alexandrian School, was unappreciative of the greatness of Hippocrates, but he added to the sum of medical learning a new insight into anatomy. One of the most notable of rebels was Paracelsus (1490-1541), who openly boasted that he had burned the orthodox text-books of Avicenna and despised those of Galen —though probably he could not read Greek and knew very little about them. He held that man was a microcosm representing all the features of the macrocosm, and that it was more useful to study nature than anatomy. His remedies were directed not to the physical disorder, but to its underlying spiritual cause. Nevertheless, some of his remedies were much superior to the orthodox drugs of his time. To his earnest chemical interests is due the dawn of the science of pharmacology. His followers maintained the tradition, though denounced as quacks by the Faculty of Medicine in France and the College of Physicians in England, until the Seventeenth Century. When orthodox medicine had absorbed all that was of value in the teaching of the rebels, the unorthodox branch died down. Some consider Samuel Hahnemann as a follower of Paracelsus, for the famous doctrine of "like cures like" resembles the doctrine of Paracelsus except that the founder of homeopathy thought of symptoms while Paracelsus thought of causes. Homeopathy began with the discovery that quinine causes symptoms much like those of malaria. Now, quinine cures malaria. Therefore, argued Hahnemann, all drugs that produce symptoms cure the diseases that produce like symptoms. If this is true, there is but a short step of the imagination from the medical value of quinine to that of *lachryma filia* (the tears of a young maiden in distress) which homeopathists once used as an infallible remedy for de-

pression. Homeopathy made its contribution. It taught us to measure more carefully the dosage of our drugs by actual trial, and to study the patient as an individual.

At all times, superstition and fancy have entered into the very structure of medical systems. If in this scientific era medicine is pure at the universities, we must not forget that historically it has no pure scientific pedigree.

(From the Secretariat of the League of Red Cross Societies.)

A Course in Practical Dietetics for Nurses

By MAUDE A. PERRY, Director of Dietetics, Montreal General Hospital

Besides the laboratory and lecture work given to nurses in their preliminary and senior periods of training, each nurse in the Montreal General Hospital receives two months of practical dietetics in the kitchen. This kitchen is a school where graduate dietitians, from recognized schools accredited by the American Dietetic Association, are in constant supervision of the nurses. At present the food for private patients and all dieto-therapy cases is prepared here. The routine work is done by maids and the quantity cooking by cooks.

Nurses are taught food principles, methods of cooking, food combinations, and correct interpretations of recipes. They are also given observation of large quantity cooking. Instruction in orderliness of working and uses and care of equipment is also part of this course. Record keeping, charting, and reports of daily work are individual duties of nurses. Service of food to private patients stresses the importance of well-balanced meals attractively served, and teaches nurses the importance of diet lists under varying conditions.

The greater part of the training is devoted to dieto-therapy. Nurses must learn to plan and prepare diets for all types of diseases which need such treatment. The preparation of infant feedings and other liquid feedings is part of their work, too.

When possible an attempt is made to demonstrate the value of the work of the nurse in the diet kitchen by ward clinics given by the director of the dietetic department. Attendance of nurses at the out-patient diabetic clinic is also obligatory.

Whenever possible, more time should be allowed for the dietetic training of nurses. Personally, I do not consider that three months out of a three years' training is an undue proportion to devote to dietetics, when we consider its importance in modern medicine and surgery as well as its interest for normal individuals.

The duties of nurses are arranged as follows:—

A. Keeps books of q.d. orders and other special orders and fills them. From instruction given by dietitian, prepares foods for soft diets, such as soups and soft desserts.

Makes salads for private patients.

Has charge of measuring of cream for private patients.

Makes beef juice.

Supervises or helps in serving fruits for private patients.

Is responsible for orderliness of one side of refrigerator.

Serves meals to semi-private patients, assisted by maid, supervised by dietitian.

B. Observation of quantity cooking done by cook.

Observation cake-making and makes one or more when time permits. Makes private patient des-

serts and dishes; these and ice cream with assistance of A.

Makes mayonnaise or other salad dressings and assists with salads.

Prepares cream of wheat or other cereals requested, except oatmeal.

Prepares all Sippy and Lenhartz feedings which precede tray orders.

Responsible for tidiness of half of refrigerator.

Checks and tickets trays for all private patients, according to diet ordered. Serves meals to private patients in one ward, assisted by a ward nurse and supervised by dietitian.

Answers telephone and delivers messages in the diet kitchen.

C. Relief nurse.

Relieves other nurses when off duty on days or half-days.

D. Makes baby feedings and all other milk feedings.

Bottles and arranges in racks baby feedings according to hours of feeding.

Keeps baby boards in diet kitchen and baby ward.

Observes cases, when possible.

Prepares six or more of simplest diet trays. (See list.)

E. Relieves F when she is off duty.

Prepares six or more special diet trays listed in intermediate list, including some weighed trays. Assists with charts and record keeping for special diets and for private patients.

Under supervision of dietitian computes values of diets, studies reason for these and helps prepare menus for them.

Learns reasons for various food combinations, reason for use of foods for different meals and seasons.

Learns economy of diet, when needed and reasons for adjusting diets of ward patients to agree with home conditions.

F. Prepares diabetic or other weighed trays, not to exceed eight in number ordinarily. Weighs each tray ready for service. When possible, is given observation of patients receiving those trays, and their charts.

Is responsible for records of special diet and main diet kitchen.

Is responsible for opening and closing of diet kitchen.

Must see that everything is left in good order by nurses, maids, and orderlies.

In addition to the training given our own nurses, we are giving one month of training to nurses from outside hospitals having affiliation with this training school. As a rule two of these are on duty in the diet kitchen. They receive two weeks of training in the private patient kitchen and two weeks of dieto-therapy work.

Duties in the special diet kitchen must vary from time to time as the number and variety of diets ordered varies considerably. Good work cannot be done by any dietary department, nor can nurses receive adequate training without good cooperation of the training school. The dietitian has double duty. She is a member of the staff of the superintendent of the hospital and at the same time she is an instructor on the staff of the Nursing Department.

Diets Served in Special Diet Kitchen

Junior—

Modified Lenhartz.
Convalescent Sippy.
Convalescent Typhoid.
Low Protein.
Purin Free.
Alkaline Ash.
Hyperacidity.

Intermediate—

Typhoid Diets (not fluid).
Low Fat Diets.
Arthritic—(a) Low Carbohydrate.
(b) Low Protein.
Obesity.
Anaemia.
Constipation.
High Iron (especially for children).
Thyroid.

Senior—

Diabetic.
High Protein.
Specials.

Note.—"Specials" will include any diet planned by the dietitian for metabolic work or diets requested by the attending staff for special cases.

Department of Nursing Education

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The Use of Vocational Psychology in Selecting Nurses for a Training School

By WINNIE LAURIER CHUTE, Reg.N.*

The personnel manager and the vocational worker have brought their knowledge of psychology to the field which deals with the relation of the worker to his work and the rights of an individual to be happy in doing the work for which he is qualified. Methods based on this knowledge are suited to a type of work in which the worker is trained within the organization; that is, when a worker is selected according to his or her capacities for receiving training in particular work.

The method by which nurses are trained is partly based on the apprenticeship plan. Their studies are extensive, but they also do physical work in the hospital wards for which they receive a slight remuneration, and the hospital is dependent on them for this work. This tends to make a labour situation, and each year the staff of the hospital have to select a new set of workers to deal with it. In response to advertising done by the hospital and the publicity which a standard hospital possesses, a number of applications for admission are received. To each of these applicants the hospital sends a standard application blank and they choose from these returned forms the number taken into the training school, on the condition that they are to be on a period of from two to three months' trial, during which time they can be dismissed if not found suited to the work or may leave voluntarily. After this period they are more or less permanently situated for the whole training course. Statistics taken from a number of training schools show that over 30 per cent. of those taken in are asked to leave or leave voluntarily before the end of this period. Further statistics show that nurses are kept by the training school who are never able to fully carry out the required work, thus lowering the status of the school.

The method employed in choosing the personnel of the school is based on a plan resembling a rating system and by a trial and error system. The same amount of training in classroom and practical work is given to every applicant, and at the end of the trial period those who fail to make good at either one or the other, or who have marked personal or physical defects, are dismissed by the school. To summarize: the hospital picks the personnel of their training school from written applications; the applicants purchase full equipment, as uniforms and books, and are taken for a trial period of from two to three months; the applicants receive from the hospital their room, board, laundry and the service of the best teachers and are given a physical examination by the best physicians. At the end of this trial period at least 30 per cent. are dismissed as unfit.

Nursing is an old science, which has required trained women as workers in this field for many years. It is following medicine in all of its branches, and in this respect each year it is having more fields open to it and requires a larger number of workers. Each year women of a higher intellectual standing are entering because of its special fields,

(*Miss Winnie Laurier Chute, Reg.N., School for Graduate Nurses, McGill University, 1926.)

and also women who are younger and with a minimum of experience because advertising campaigns are directed towards the high school girl. The type of woman who has a medium or lower educational standing also seeks admission, because in the past such women have looked towards this as a branch of work in which they could succeed.

Because there have been nursing schools for over half a century, we should be able to set down certain intellectual standing and physical and special aptitude traits which a woman must possess in order to enter a training school. They may be chosen from the applications, but before they are accepted for the preliminary course they should be tested by a standard set of tests in the hands of a psychologist; they should be rated from their application blanks by the instructors of the school; they should be physically examined by a doctor, and from their standing, which a correlation of the scores from these various tests would give, the decision of their fitness should be made rather than by a trial and error method lasting from two to three months.

This will be the work of a trained psychologist and may take several years before it is in a measure a working plan. C. H. Griffitts, in "Fundamentals of Vocational Psychology," outlines steps in the process of making a set of tests for a definite line of work: (1) Selecting the material; this would include capacity tests and various kinds of ability tests. (2) Arrangement of material. An important step, as much of the success of the test depends on this; it is determined to some extent by the next step. (3) Testing the test; that is, trying out the tests on second and third year students who are doing the actual work for which the applicants are to be tested. If the scores from the tests yield a high correlation with the work or standing of the student they may be considered as a working test, but if there is low correlation the value of the test is directly lessened. (4) Revision of preliminary tests: this follows the results from "testing the test" and may call for changes. However, once the set of tests are established they should not be revised. They are standardized and have a definite meaning, so a successful applicant would be one who passed such-and-such a test or the battery of tests with a definite score.

Capacity tests should have a place in such a battery of tests. Many training schools accept applicants with a low educational standing, as the minimum requirement set by the law in many provinces and states is one year of high school. Statistics prove that a person with an intelligence-quotient which only permitted them to reach that far cannot meet the intellectual requirements of a training school. From results obtained in seven large hospitals in New York City through the use of the Army Alpha test, students who made grades 69-43 were re-tested a year later using Binet revision tests and had mental ages of from 12½ to 12¾ years and were reported as doing unsatisfactory work.

Two Irish girls were accepted into a training school in New York having similar educational standings which seemed to fill the requirement, but on being tested by the Binet revision test one had the mentality of 13¾ years and the other the mentality of 18 years. The work done in the school by the second girl was superior; the first girl was reported as dull and unable to learn procedures with any rapidity.

One hundred and one nurses from the Indiana University Training School (this school requires full high school for entrance) were rated with two other groups, a group of 2,624 high school graduates who were training for teachers, and a group of 6,188 high school seniors, of which

101 indicated nursing as their choice of life work. Each group had the same educational background, so the comparison was made on a basis of similarity, and each was tested with intelligence tests. To make the comparisons the two larger groups were arranged in rank order according to the scores on the tests, then divided into 100 equal groups; thus each group contained one per cent. of all tested. The median percentile for each group was: Nurses, 58; teachers, 51; high school seniors, 50; seniors who indicated nursing as a choice, 45.

This shows that this particular group of student nurses (in their second year) was mentally superior to high school students. The conclusion made from such surveys is: "This fact of high intelligence does not reveal everything. All other things being equal, these will have the ability to learn both from teaching and from experience."

Mental alertness, the ability to size up a situation and to arrive at a sound judgment as to its solution, is a desirable quality to be looked for in a nurse.

Mention has already been made to a rating scale made by the school staff. This would be based on the application form, personal letter from applicant, letters of reference.

The physical examination is a most important test. It should include an X-ray examination of the chest. Quoting again from a survey, "physical reasons, including those who found they were not strong enough and who were taken ill during training," were given as second in importance among causes for the large turnover in probationer nurses.

As any form of work approaches a professional type it becomes difficult to set apart specific capacities essential to that particular work. In answer to questionnaires sent out to graduate nurses, they have rated themselves on such personal qualities as tact, cheerfulness, sympathy, neatness, judgment and common-sense. To these may be added the ability to respond quickly and accurately to a stimulus, and to observe a situation and make a true report on it. These and certain of the personal traits can be tested. It is not necessary to provide new tests. Whipple states, "What we need is not new tests, but an exhaustive investigation of a selected group of tests that have already been proposed." Tests may be found to fit a sufficient number of traits necessary for an applicant to possess in order to become accepted into the training school.

Neatness: An example of such a test is one used by the Employment Bureau of the Yellow Taxidrivers. Several articles, as butter, sugar, jam, dishes, are arranged on a small space and the subject is required to handle these in making rearrangement.

Judgment: Miss Downey's will-temperament tests are used to measure something akin to the ability to predict the general nature of a person's reaction; if it is weak or strong, deliberate or impulsive. This test correlates high with scores on intelligence tests, and is of value if used in a battery of tests. The name is misleading as it is difficult to say in any test that we can definitely test any one personal trait.

Response to a stimulus: This quality is tested by reaction-time tests, which require special apparatus consisting of three pieces: (1) Some means of providing the stimulus; (2) some kind of reaction key; (3) some kind of chronoscope (Griffitt's Vocational Psychology).

Report on an observation: The report-test (Whipple) may be used and is given by the picture-test or a group of objects on a card. This combines the capacity to observe and to recall, and the ability to focus attention, and may show the extent of the subject's vocabulary.

These tests can be given in any room which can be set aside for this purpose. The material for each test should be arranged ready for use, so that the subject may proceed smoothly from one test to the next. Certain tests, as reaction-time tests, require particular conditions, not difficult to arrange in any room. The examiner has certain tests, known as shock absorbers, which are used if the subject becomes nervous in the procedure of a test. These are very simple tests which restore the subject's confidence and allow the actual test to proceed naturally.

Testing the test is the most important point in making a battery of tests. It gives the only proof of the value of the test to the work for which they are to be used. It must be performed on subjects who already possess the qualities which are to be incorporated in the tests. In this particular work students of the second and third year are used as subjects.

E. Priscilla Reid, R.N., an educationist, and author of nursing literature, states that vocational guidance through the use of mental and special aptitude tests is the only fair solution in the consideration of the elimination of student nurses.

Florence E. Blazier, of the Bureau of Co-operation Research, Indiana University, makes these conclusions from a study of observations made in hospitals, answers to questionnaires and from available literature on the subject: "The present turnover of probationers is too large and involves unnecessary waste of funds and of human effort and time. Every effort should be made to select more suitable candidates. A more rigorous physical examination at time of admission is needed. Intelligence tests should be devised to determine approximately at least whether or not it is probable that the student will be able to master the theoretical work."

The time has passed when the student may be exploited by the hospital. There is a greater and more far-reaching obligation to both the hospital and the nurse than that of keeping poor material because it was hoped the quality would improve or because the hospital needed the worker, when from the first the worker did not fit into the work and there was no happiness in it.

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"WE BREAK NEW SEAS TO-DAY"

Each man is Captain of his Soul,
And each man his own Crew,
But the Pilot knows the Unknown Seas,
And He will bring us through.

We break new seas to-day—
Our eager keels quest unaccustomed waters,
And, from the vast uncharted waste in front,
The mystic circles leap
To greet our powers with mightiest possibilities:

Bringing us—What?
Dread shoals and shifting banks?
And calm and storms?
And clouds and biting gales?
And wreck and loss?
And valiant fighting times?
And, maybe, death!—and so, the Larger Life!

For, should the Pilot deem it best
To cut the voyage short,
He sees beyond the sky-line, and
He'll bring us into Port!

—John Oxenham.

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The Background of Disease

By Dr. W. T. WALKER, Saskatoon

Disease has been the bête noir of the human race for as long as we have any records. It has been the unreliable factor in human life. Today, the individual may be himself: active, healthy and efficient; tomorrow, he may have ceased to be: the victim of disease, accident or determined violence.

In discussing this subject, one must take into account two things: (1) The so-called "acts of God." (2) The acts of man, which may be subdivided into (a) environment, (b) intemperance and violence, (c) efforts to correct the preceding.

Diseases have as their origin infections due to known or unknown organisms, and they may have abetting causes; environment, intemperance and violence. "Acts of God" are calamities, so labelled because they occur unheralded, apparently unpreventible, and maybe of unknown origin. In ancient days most calamities were set down as acts of the gods, but as time moved on the deities or deity were left out of the matter because definitely defined causes were discovered.

When a ship sinks today with a loss of cargo, and perhaps human life, because it accidentally struck an iceberg in a fog, or because of some unknown cause, its loss is legally called an act of God. The owners are not liable. Where neglect can be shown, the result is much different; the owners are liable.

It has taken 1925 years to eliminate many of the causes of disease formerly ascribed directly to God. Pasteur, in 1848, proved the germ theory and showed that certain micro-organisms were in reality responsible for many diseases which affect mankind. The microscope proved his contentions, and the bacteriological proof brought forward was most convincing. To prove that a certain disease is caused by a definite organism one must (1) isolate the organism from the diseased individual; (2) grow it on culture media; (3) when grown, inoculate living bodies and produce the disease with its symptoms; (4) recover it from the bodies in which the disease has been induced; (5) produce it again on culture media and recognize it beneath the microscope.

This hard and fast scientific method removed many diseases from the category, "Acts of God."

Environment has much to do with you and me. Faulty environment and its evil influence render us, because of weakened resistance, more susceptible to bacterial infection, or to physiological disturbances due to vitamin or endocrine upset. As (1) improper feeding in infancy; (2) improper surroundings in infancy; (3) neglect of common colds; (4) incorrect breathing by mouth; (5) neglect of bowels; (6) neglect of growing pains; (7) failure to check intemperance in play, food, actions, and late hours in childhood.

What an effect these failures have on after life!

It is interesting to know that in the last 300 years the life of the English-speaking workman has doubled,

(Read before the Saskatchewan Registered Nurses' Association, April, 1926.)

and that in the past 70 years the life of the Anglo-Saxon has been lengthened by 10 to 15 years. In Shakespeare's time, the fifties were considered a venerable old age.

Improved methods of living, medicine and its handmaids, hygiene and surgery, have brought about this change. The plague which devasted England and Europe during 1665 was looked upon as a supernatural thing. Its prototype, the 'flu epidemic of 1918-19, just as terrible, was placed in its proper perspective and treated as a combatable disease. Small-pox, which had scarred Europe for centuries, was relieved of its sting by Jenner about 1770, when he discovered vaccination. Even to-day one hears arguments against vaccination, but if one will impartially study the course of the disease, and note that the island of Costa Rica, which was never free from the plague, and which held a population few of which had escaped it, was completely cleaned up by the United States in one year by vaccination, one can only conclude that prevention is effectual. Epidemics break out only among the unvaccinated.

Pasteur, whom I have already mentioned as the father of the germ theory, made further advances, and he had as a contemporary, Lister, who introduced aseptic surgery. Lister believed that infection came from without, and he introduced antiseptics to destroy the germs. He is responsible for the fact that an operation to-day is reasonably safe. Surgeons no longer wipe their scalpels on their coat tails. Diphtheria, tuberculosis, typhoid fever, tetanus, the plague, syphilis, gonorrhoea, dysentery, scarlatina, and many other diseases have had their bacterial causes proved. And when that is the case the cure is not far off.

In the Great War, typhoid fever was rendered a negligible factor in the British Army because of inoculation. (In the South African war it killed more men than did the Boers.) Tetanus, too, was robbed of its sting. Every wounded man received his A.T.S. at the dressing station, and the fact was entered in his pay book. Nothing was left to chance.

The science of medicine while discovering physiological preventatives was also busy pushing prophylactic measures, viz.: means to correct defective environments. Hygiene became a science, and its relation to preventive medicine was thoroughly appreciated. Good housing, sanitation, pure milk and water, good food, fresh air, all came to be recognized as aids to the well-being of the race; laws were enacted to assure the carrying out of prescribed measures, and mankind benefitted.

With the discovery of the typhoid bacillus, and the knowledge of the manner of its spread, the typhoid carrier was visualized and the "typhoid Marys" were corralled.

The Great War gave the followers of medicine a great inspiration. Never before had such opportunities for investigation been afforded; millions of subjects, thousands of trained investigators and unlimited resources. The knowledge of the success of approved treatments, such as vaccine in typhoid and serum in tetanus and meningitis, led to investigations along similar lines after the war. The Schick test and toxin-antitoxin for immunization purposes in diphtheria; the Dick test and an immunizer in scarlatina were developed. Some advances have been made in the treatment of hay fever and asthma, and the protein sensitization tests have been worked out.

Banting, a returned man, with Best and Collip, discovered and worked out insulin, the aid to treatment of diabetes. Since then, Collip, now of Edmonton, has developed his extract of the parathyroid glands, a treatment for certain types of tetany. We can expect further advances in the study of the diseases of the glands of internal secretions. Gye and Barnard

have made attacks on cancer during the last year.

I must now go back to the evils of childhood, which have been proved to be dangerous. It is said that 80 per cent. of the chronic infections come from trouble above the collar, and in this classification I will place the acute diseases, viz., rheumatic fever and some types of streptococcic infection.

We now have a public and paternal interest in the health of the young: Pre-natal clinics, Child Welfare clinics, medical inspection of school children, while it is becoming extremely common for the 40 to 50 years of age group of people to demand an annual check up. If we can remove the cause of 80 per cent. of the chronic diseases by attention to the young, viz.: by a scientific treatment of the teeth, tonsils, and nasal infections, and also wipe out those scourges rheumatic fever and chorea, what a great work has been done! One in every three cases of rheumatic fever in children under 14 years leaves a damaged heart.

If we can prevent the infectious diseases of childhood, and we have preventives for the most virulent, then the work of modern medicine is decidedly limited, and the prospects of the future generations are much brighter.

We still have cancer, the anaemias, certain forms of paralysis, and some of the diseases of endocrine disturbances to deal with, and with them we can classify accident as an act of God. A vastly different classification from that accepted 200 years ago!

You can see what a background disease has. Very fortunately, it has proved a shifting background. Daily, diseases are becoming better understood, and more and more are being controlled and eliminated. If you and I refuse vaccination or inoculation, our attitude comes under the classification of "carelessness," and we deserve what we get. It is not too much to hope that in a few years the other infectious diseases of childhood will be eliminated. It is only just to discard small-pox isolation hospitals. No one need have small-pox. The vaccinated are immune; therefore, the victim should pay the price of isolation at home, as he could have avoided his calamity. The same truth holds good of typhoid fever. If focal infection in teeth and tonsils can be prevented and if the infectious diseases are wiped out, how much rheumatism, heart disease, and nephritis must go by the boards!

We still have, however, tuberculosis, with its annually falling death rate; cancer, which is beginning to be understood; the anaemias, and the diseases of vitamin disturbances and intemperance, to deal with. I am not including venereal diseases as they are preventible, and yield to education. Tuberculosis could also be wiped out by education. One needs an infective agency to produce the disease.

Banting and Best attacked the diabetes problem and markedly improved the situation. Goitre has been scientifically investigated and the condition ameliorated. In some centres, school children in the susceptible periods are supplied free with some form of iodine and so rendered immune. The diseases of vitamin deficiency in childhood are being controlled by a serious effort to educate the mothers. Diseases caused by intemperance, and, by the way, the worst form of intemperance is that of over-eating and wrong eating, are being dealt with by education. It is surprising what a number of people are concerned in dietetics. It looks very much as if over-eating and accident will be our main causes of death in a short while.

The background of medicine and, therefore, disease, makes itself felt only when it is too late to remedy the evil. Fortunately, medical edu-

cation of the public is trying to deal with the precursors of that period known to us as middle age, the plateau we reach at 40 to 50 years of age. High blood pressure, nephritis, heart disease, chronic gall bladder, all results of the indiscretions and infections of youth, are being talked of. Middle age should be moved back another twenty years, i.e., it should start at 55 or 65 years of age; and it will start at that period in a very few years, when the present two generations have died off. What will that mean? It will mean a broader plateau, say from 60 to 90 years, instead of as it is today, 40 to 55 years, and there will be a gentle slope towards the period of old age, which, barring accident and intemperance, should end this earthly pilgrimage well over one hundred years.

I should like to say a word or two regarding intemperance. (It is to be hoped that the police will minimize accident.) It is no uncommon thing to have the business man aged 45 consult one as to his mode of living. He says, "I have taken a drink, doctor, for many years; I smoke and I have a good appetite. What must I do to be saved?" You see he seeks education. One sees him at Y.M.C.A. classes, trying to reduce the circumference of his equator. He is afraid to die, or rather he does not want to. These remarks apply to the middle aged women seeking the boyish figure. What does it all mean? It means that they seek education necessary to reduce the handicaps of early youth environment and ignorance. It means that the human race desires to remain fit. I say to you: If the educational interest which is being taken in the child before birth, and in him after birth, is carried on, the queries of the children of middle age will not be made, and mankind will increase its span twenty-five years in the next twenty-five. There is no reason why we should not live to be an hundred, barring accident and intemperance.

I hope that I have made clear to you the background of disease. The subject is so large and the time so fleeting that one is always liable to err in directness. To go into detail is often fatal, but I hope I have emphasized the point which I set out to make.

The Prevention of Carious Teeth in Children

The medical profession have recently become aroused to appreciate the value of sound teeth. In the past the danger to the whole organism which frequently arose from an uncared for mouth with carious teeth and infected gums was not appreciated. Actual statistics would be hard to obtain, but the proportion of adults today who can boast of a good set of natural teeth with healthy gums must be a comparatively small one. To prevent this source of ill-health in the next generation, physicians must impress upon parents the importance of sound, healthy teeth in their children. We, therefore, observe with pleasure that the public generally are gradually awakening to the importance of all measures which will secure healthy teeth in their children. One of the most important factors in the production of healthy teeth is a sufficiency of calcium and phosphorus in the blood. The calcium need of the child is extremely high; its supply should be, therefore, a chief concern in the diet of children. Dr. Alfred Hess, of New York, after an extensive study of infants in New York City

writes that he found so many cases of children lacking a proper amount of calcium in the blood that he considers all as incipently rachitic: that is, deficient in blood calcium and, therefore, unable to supply a sufficient amount to their developing teeth. This lack in the calcium supply may be recognised, not only by a defective appearance of the dentine, but also by the unduly early shedding of the deciduous teeth, and the late appearance of the permanent teeth. In such children this long interval often seriously interferes with mastication, and as a consequence impairs nutrition. To correct this, a diet containing sufficient calcium together with all the direct sunlight possible, and normal exercise are important conditions. Milk is the important calcium food for children. If milk is lacking it is difficult to secure an adequate calcium supply from other foods. Herbst found that boys between six and fourteen consumed three to four times as much calcium in proportion to the weight as is required for the maintenance of man. A child's normal calories for the day are only about 2,000. Of these about 600 calories should be milk; about one quart is, therefore, required to supply sufficient calcium for the daily need. To supply the same amount of calcium from beef steak and white bread 10,000 calories would have to be consumed. In addition to the quart of milk, every child should have some vegetables at its meals, and of these the leafy vegetables are the most important. Fresh fruit should be given every day, and cereals in rotation, using preferably the full grain meal. The excessive use of sweets should be guarded against. Sugar used in too great amounts prevents the absorption of a proper amount of calcium. In addition to diet containing sufficient calcium and sufficient vitamins every child requires a fair amount of direct sunlight and exercise. With care in these respects, children will not be seen a few years old with the majority of their teeth carious, ineffective for mastication, and a source of septic infection to the rest of the system.

One of the most recent statements regarding the ill effects on the developing nervous centres of a child which may arise from the absorption of toxic material from carious teeth, is to be found in a paper from Willis A. Sutton, Superintendent of Public Schools, Atlanta, Ga., and published in the "Gateway to Health," October, 1925.

Mr. Sutton reports a number of cases which were referred to him as incorrigible and recommended for dismissal. After careful scientific treatment of the teeth of these children a very marked change in conduct and ability was noticed, and every one of those treated passed well in his class at the end of the next year. In a group of 987 children thus cared for, the percentage of failures dropped in one year from twenty-two per cent. to eight per cent. Mr. Sutton says: "I am absolutely convinced that the condition of a child's teeth largely determines what he will do in his school work, and how he will conduct himself." However, when Mr. Sutton reports that from a group of morons he, by the simple expedient of attending to diseased teeth, lifted twenty per cent. of this class to a normal average, one cannot but feel that the classification of these children as "moron" was at least premature. The striking improvement that is known to follow the proper treatment of tooth and mouth conditions, in both children and adults, is irrefutable; but this like all other measures directed toward the common good, should be employed with ordinary caution and good judgment. The wholesale and unnecessary removal of teeth as is often practised today, especially in the earlier stages of neurotic and mental disturbances, is to be deprecated. As in the case of any other organ, teeth should be removed or repaired only when diseased.

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The School

By B. A. ROSS, Reg.N.

(Convener's Note: The following article by Miss Ross was read in discussion on The Relative Value of Health Teaching in the School and Home at the annual meeting of the Canadian Health Congress, 1926.)

The present public health movement with its vision of greater health and happiness for mankind is based on recent advances in medical and sanitary sciences. Such information to be effective has to be translated into popular non-technical language and carried to the masses of the people. How is this health teaching to be done?

A great deal of health education is being carried on through newspapers, magazines, publications of medical officers of health, through medical and dental professions, through public health nurses, and teachers in the school.

It is difficult to evaluate the service rendered or results obtained through any one of these means.

However, we do know that health depends on habits formed, and that the early years of life are important in habit formation. As the child grows older it becomes increasingly difficult to change habits and attitudes. Childhood, therefore, seems the period for health teaching.

As the child is subject to home influences almost entirely for the first five or six years of his life, parents have a great responsibility. Some parents, on account of their knowledge of child psychology and hygiene, are able to meet the situation more or less adequately. Others, however, through lack of this knowledge or failure to recognize its importance, do not give the child the necessary training in desirable habit formation. To this latter class a public health nurse may come, giving health instruction. But, with an insufficient number of public health nurses, lack of funds in some municipalities to employ them, the limited time a nurse can spend in each home when she does visit, as well as the common disinclination of adults, unless in dire need, to change their ways, there are many homes giving to their children indifferent health training.

We turn to the great educational force in the community, the school. With the realization that mental progress and physical health go hand in hand, the ideal of education is now a well-trained mind in a healthy body. Surely the school where children spend a large part of their waking hours during eight to ten years of the formative period of their lives is an important factor in physical as well as mental growth. School is a place where children come to learn, where there are teachers scientifically trained, and where instruction is given individually or in groups in controlled surroundings.

Let us consider the aims of health education as carried on in the schools. They are, briefly, to establish habits and attitudes which will insure abundant vigour and vitality throughout school life and in later years; to give sufficient information to make observance of such habits intelligent; to influence parents and other adults through the health education programme for children to better habits and attitudes, so that the school may become an effective agency for the promotion of health in the family and community as well as in the school itself.

(Miss B. A. Ross, Reg.N., Supervisor, School Nursing, Department of Public Health, Toronto.)

How does the school endeavour to reach such broad objectives?

As complete health is not possible in presence of physical defects, a balanced health programme provides for a physical, mental and dental examination of each child during his school life. At this time, defects are noted, treatment urged and instructions in health habits given. Obviously, the value of this examination is much increased if the parent is present. This is also an opportunity to reach the more elusive pre-school child, and in many schools parents are encouraged to bring their little run-abouts for examination at the same time as the school child, thus giving them an earlier start on the road to health than might have been possible otherwise. In many towns and cities, and increasingly in rural districts, school children have the benefit of examination and instruction from these specialists.

The psychiatrist is unfortunately not so frequent an adjunct to the school staff. The need of his services is being increasingly felt—in selecting pupils for special instruction, and for advice regarding the problem child.

The school nurse brings the information thus gained to the teacher and the parents, if they were not present at the examinations, and helps them work out a plan for correction of remediable defects and supervision of those non-correctable.

Definite instruction, both individual and group, is given by the nurse to supplement instruction of the grade teacher, and as natural situations arise, as when Tom cuts his finger and Mary catches her sneezes in her handkerchief.

These contacts with doctor, dentist and nurse are doubtless of educational value to the parent and child, and are becoming increasingly so as we learn to use our opportunities.

However, the person who is of paramount value in health education is the grade teacher. The alert teacher welcomes the many opportunities for health instruction in the class-room. She knows that health depends on formation of right habits and attitudes, and she employs all her pedagogical technique in using natural situations and every subject in the curriculum as far as possible to assist her pupils to reach their objective. She knows that health is not a subject which can be assigned to a special corner of the curriculum. It is a living thing which should permeate and vitalize every activity in the school. The teacher's skill in accomplishing this would doubtless be greater if health teaching had been included in her Normal School course, but many teachers who have not had this privilege have grasped the new public health idea, and introduced it into their class-rooms to the benefit of their pupils.

In primary grades health teaching consists chiefly in promotion of health habits and attitudes through use of everyday situations, such as wearing suitable clothing indoors, drinking milk at lunch (when pupils bring their lunch to school) and in correlation with more academic subjects. Number work in arithmetic is woven around objects which the teacher wishes to be familiar to the children, such as oranges, apples and milk. Stories and songs can have health subjects as their themes. The children illustrate health rules in their art work and in pantomime. The interested teacher can also work out attractive systems for checking up observance of habits. Action, not mere knowledge, is the aim of health teaching. As many of these habits can be practised only at home, the motivation to their observance has to be sufficiently impelling to insure their carrying over into the different and sometimes difficult home environment.

The teacher has a valuable ally in the strength of group opinion. To quote Professor C. E. Turner, "Why is the school-room of primary importance in habit training? Because in every walk of life, the most important factor in determining individual action is the judgment of the individual's own social group. Style in clothing, social

customs and social attitudes are problems of group psychology. It is often sufficient reason for not doing a thing to say, 'It isn't done'. You who have tried Health Education with children have learned that the advice of the doctor, lecture of the nurse, and perhaps even the commands of the parent are less effective than the attitudes and habits of the boys and girls with whom the child associates. The child conforms to the judgment of his social group, and happily the development of this group's attitude makes teaching pleasanter instead of more burdensome."

The value of group influence is seen very conspicuously where milk is given out in the school. Many a child who could not be persuaded to touch it at home is most enthusiastic about drinking it in company with his school mates.

In the intermediate and senior grades much can be done through correlation of health teaching with geography, history, composition, art, manual training and household science. Hygiene is perhaps the subject which has benefitted the most through the infusion of the health idea. Hygiene is no longer a meaningless repetition of the names of the bones of the body—it now bears a definite relation to the personal, home and community life of the pupils. History, which is the story of the advance of civilization from primitive times to our complex modern life, offers many fascinating opportunities for teaching community hygiene. Through slides, plays and songs, health knowledge is gained and impressed in a pleasant way. Plays are being increasingly recognized as a valuable method of education, making use, as it does, of the natural dramatic instincts of the child.

It is essential in successful health teaching that the teacher be acquainted with the pupil's home background in order to know his needs, and be able to adapt school instruction to his level. Many a teacher makes it a point to visit the homes of her pupils. The school nurse assists in the mutual understanding of teachers and parents, acting as interpreter of the home to the school and of the school to the home. As it is an advantage for the teacher to meet the parents of her children in their own environment, it is also valuable to the parent, especially the foreign-born, to visit the school and become acquainted with the teachers in the surroundings in which Jane and Robert, Tony and Becky, spend so much of their time. This interchange of visits leads to a better understanding and hence greater helpfulness.

However, much of the effectiveness of health teaching is lost if the environment belies the instruction given, and does not permit carrying out health habits taught. Health habits can be most easily formed in healthful surroundings. School buildings should protect and contribute to the health of the pupils through proper ventilation, equable heating, adequate lighting, adjustable desks, and facilities for washing hands. All schools do not reach this standard as yet, but it is surprising what is accomplished by an enthusiastic and resourceful teacher who gains the co-operation of pupils and parents. The common drinking cup or dipper need no longer adorn the bench in a rural school. By degrees the fundamentals of hygienic living can be introduced into the most primitive school buildings. The fact that it is possible to control to a considerable extent conditions in the school, helps to make it a favourable teaching centre.

In discussing environment in relation to health one must not overlook the playground, which should make a valuable contribution. Physical activity is a natural instinct. There is a direct relationship between health and success in big muscle activities which children easily recognize.

Health education thus seeks to lead the children to secure for themselves increased personal well-being and eventually better home and community hygiene. It is a preparation for present and future living. Many schools try to give the girls further preparation for future responsibilities

by including in their curriculum courses in Infant Hygiene, often called Little Mothers' Classes or Junior Health Leagues. These lessons are usually taught by the nurse, but sometimes teachers and nurses share the lessons with good results. The pupils respond most enthusiastically to this instruction, partly because it appeals to their natural instincts. The course is not given to these girls as prospective mothers, but as to girls who are anxious to help mother or neighbour give good care to the baby.

Some may hold that instruction in Infant Hygiene should be given in the home. But in how many homes is it being done, even where there is a young baby to care for? It is true the girl may pick up some information, but does she gain an intelligent conception of baby care? Is this training not usually left until the girl is a mother herself, when she is handicapped by previous misinformation from well-meaning friends? Besides, it has proved difficult to find the prospective young mother in order to give her needed instruction. Would this not seem a strategic moment for this teaching, when the girl is in school and is receptive? The results of these classes have proved very gratifying. Many a mother or married sister or neighbour with a young baby is thus reached through the school child. There is also sufficient evidence among the young mothers of to-day with whom the public health nurses come in contact that these lessons are not forgotten.

The school has also a contribution to make to the parents and other adults in the community, indirectly through the children, directly through contact with the school personnel — principal, teachers, school doctor, nurse and psychiatrist. Home and School Clubs are helping in promoting this much-to-be-desired contact between the home and the school. They are instrumental in arranging programmes and study groups, dealing with various phases of education, such as health, child psychology and home nursing.

It is difficult to evaluate definitely the outcome of health teaching, but in Malden, Mass., an attempt was made to find out by means of questionnaires sent to the parents of the school children the results of a four-years' experiment in health teaching. According to the judgment of 233 parents there was an improvement in the amount of sleep, in habits of cleanliness, choice of food, and in posture, in from 60% to 85% of the children involved. Two-thirds of the parents reported an improvement in their children's health, as shown by cheerfulness, absence of fatigue in the morning and improved appetite. The gain in weight among a group of underourished children who had these essons was considerably greater than hat of a similar group who did not ave them.

With increased understanding and co-operation between the home and the school, can we not say the possibilities of health teaching in the school are unlimited ?

"It is one mark of a man of genius that he always makes his job."
—Walter H. Page.

Department of Student Nurses

Convener, Miss M. HERSEY, Royal Victoria Hospital, Montreal.

Visit to a Packing Plant

By FAITH MOSELEY, Class 1928, Royal Alexandra Hospital, Edmonton, Alta.

A packing plant may seem to the general public rather a strange place to take a class of pupil nurses, but when these students are studying scientific methods of sanitation it makes it very much more interesting to visit various institutions that are able to comply with authorized health measures.

The plant which we visited is just on the outskirts of this city. On our arrival an official met and escorted us first to the fifth floor, explaining as he went the advantages of having the "killing floor" situated in the upper portion of the building. This arrangement is a source of great economy to the plant as the killed product is transferred from floor to floor by means of chutes, thus utilizing the force of gravity.

Stepping from the elevator on the top storey we paused outside the door to accustom our ears to the deafening noise from within.

Great rapidity and accuracy were displayed by the workers in every department. Each beef passed through a series of operations and each man was skilled at his own particular job. The carcass hung by its heels from huge overhead cables which moved slowly along the length of the room, and after being skinned, the head, hoofs and organs were removed before being split in two. The scrubbing of each half with a long-handled brush and hose was done in three definite steps, namely, the upper, lower and inside portions.

Qualified veterinary surgeons, representing the Government, were busy inspecting each animal. They examined the glands, lungs, intestines and abdominal organs for disease. Tubercles on the lung were pointed out to us as an evidence that a number of them had at some time offered successful resistance to tuberculosis. Infected carcasses were condemned, while doubtful ones were conspicuously tagged "Held," for a more thorough examination later. It was of interest to note that the omentum of the sheep, the condition of which is an indication of health or disease, was saved for further examination also. We were permitted to look at the records, in which a complete history of each animal that entered the plant is kept.

The meat accepted as perfect was placed in the cooler for a forty-eight hour period, at 32 degrees F., the thermometers being read every hour. After the animal heat has been removed, the meat is stamped in such a manner that each cut bears the Government label.

The dexterity exhibited in the cutting of the pork was an eye-opener. The "rough-cutting" we considered very accurate. It was done with a huge axe and each piece was required to be within a quarter of an inch of the regulation. At this point our guide demonstrated that any rough treatment animals received prior to butchering greatly depreciated their value. Then, indicating the discoloured spots, he said, "People must be educated not to treat their live-

stock cruelly." After being graded the meat was wrapped in the familiar ——— wrappers and removed to the refrigerating department for storage.

The class also witnessed the candling, grading and packing of eggs, and the preparation of butter for the retailers. The workers in this section wore white uniforms, the rooms were cool and the surroundings clean and fresh. A butter-cutting machine made much handling unnecessary. The ——— butter is made in another part of the city, thus eliminating all possibility of contamination.

In the poultry department the killing room had an odour all its own, but we were assured that this room was thoroughly cleaned and disinfected after each morning's work. All fowl handled by the company are shipped to them alive. These are fed until a certain standard weight is reached. Chlorinated lime predominated in the portion of the building used for this purpose, which was especially bright and well ventilated.

Each department employed its own hygienic methods; for instance, constant cleansing was in progress on the killing floor and not one carcass ever touched the floor unless protected by the hide. Moreover, where there was excessive moisture the employees wore long rubber boots. We were informed that two million gallons of water are used per week by the plant, and a very large percentage of that was used for cleansing purposes only.

The offices, cafeteria and the first-aid department were in a separate building. The plant also has its own fire department.

We were all very much surprised at the lack of waste in such a large concern. The feathers, condemned animals, waste from butchering were transformed into fertilizer—part of which was used on the adjoining acreage for stock. The large bones were shipped away for manufacturing purposes and the small ones were crushed for poultry meal. The fact that the suprarenal glands and pituitary bodies were saved was of particular interest to us.

This expedition was most instructive in its demonstration of practical methods employed for maintaining a high standard of sanitation in the handling of foodstuffs, which is of such vital importance in safeguarding the health of the community. It also brought home to us the preventative measures of modern medicine as applied by the people themselves in the realization of the fact that an ounce of prevention is worth a pound of cure.

Child Welfare Clinic

By PAULINE BOWMAN, General Hospital, Medicine Hat

The Child Welfare Clinic is doing a splendid work in Medicine Hat, as evidenced by the large attendance of mothers who come for instruction regarding the care and feeding of their babies.

The clinic is held in the Court House every Tuesday and Friday afternoon. The nurse in charge of the work is assisted by the pupil nurses from the General Hospital, each nurse taking her turn. Lectures in pediatrics preceding the clinic work make it very interesting to the pupils by affording them an excellent opportunity to watch the growth and development of babies.

There is a physician in attendance each clinic day, who gives free advice to the mothers regarding the

care and diet of their babies. For ailments not traceable to errors in diet, a diagnosis is made and the mother referred to her family doctor.

On arriving at the clinic the babies are undressed, weighed and measured, each in turn. The loss or gain of a few ounces in baby's weight is of the utmost importance to the mother. When a gain is made the mother is cheerful and happy, but in case of a loss an investigation must be made and the cause and remedy found.

Each child has his own chart on which his diet is marked, whether breast or bottle fed, and in the latter case the formula is written down. The gain or loss per week is recorded, as well as the habits, sleep and bowel condition of the child.

The weight chart has an upward curving black line, which indicates what the weight should be for the age and height of the child, and gain per week. A red line is drawn for the actual weight, and although the usual tendency is upwards with the black line, it is sometimes zig-zag, showing occasional losses in weight.

The clinic nurse carries on follow-up work, visiting the homes of the mothers to see whether they are carrying out the advice given. She also sends invitations to attend clinics to mothers who have not attended.

The doctor makes out a formula for the bottle-fed baby, regulating or increasing the diet according to the infant's caloric requirements.

After the ninth month the baby's diet is increased, and diet slips are given to the mother. These slips contain a list of suitable foods and are for children of from nine to twelve months, twelve to fifteen months, fifteen to twenty-four months, and the pre-school two to six years. On reaching the age of six, the child is discharged from the clinic.

Other literature is also supplied: free pamphlets on the care and clothing of baby and information regarding contagious diseases of childhood.

Pre-natal advice is given to insure the mother a safe delivery and a healthy baby.

More people are realizing the importance of giving babies a good start in life, and many mothers bring their children to the Child Welfare Clinic, where errors in diet are corrected and good counsel given.

This service is free to all, being financed by the provincial government.

(C.A.M.N.S. News Notes continued from Page 488)

N/S M. McBride, who is in charge of the Child Welfare Department at Tacoma, Washington, has been a recent visitor in the city.

N/S E. Alexander has resigned from the staff of Shaughnessy Hospital to accept a position in the Jubilee Hospital, Victoria, B.C.

N/S Jane Johnston is a patient in Shaughnessy Hospital, having recently returned from Kamloops, very much improved in health. She hopes to be able to return to her duties at the Vancouver General Hospital before long.

Matron Jean Matheson, N/S Mary McLane and N/S E. Cameron attended the unveiling of the monument to our fallen comrades in Ottawa.

N/S Margaret Robertson, who has been in California for the last three years, was married in Vancouver recently. She is at present making her home here.

Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

A Word Picture of the Anglo-Russian Hospital, Petrograd

By DOROTHY M. COTTON, Reg.N.

In October, 1915, I was recalled from No. 3 Canadian General Hospital, France, to report in London to the Anglo-Russian Unit, which was to establish a hospital in Petrograd for Russian soldiers. It was undertaken as a "political entente" between the British and Russian Governments. The Dominions contributed generously to the funds, and representatives were sent from Canada, Australia and South Africa.

The staff was made up of English officers, Red Cross Sisters, principally from St. Thomas' and St. Bartholomew's Hospitals, ten V.A.D.'s and a Russian interpreter — the Countess Olga Pontiatine. Lady Muriel Paget was the chief organizer, with a very strong and representative committee behind her. On account of ill-health she was unable to accompany the unit when it first went out, and Lady Sybil Middleton, who was then Lady Sybil Grey, well known to many Canadians, went as her representative. Her tact and devotion to the work endeared her to all, from the highest Russian official to the humblest soldier in the wards.

Several members of the unit went to Petrograd via Norway, Sweden and Finland, Lady Sybil being amongst them. The remainder and the largest number sailed about the beginning of November, 1915, from Immingham Docks, on a small Wilson liner that was commandeered by the Admirality.

We were the only passengers on board and had ten eventful days en route. Skirting the north-east coast of Scotland, we took the same route that the ill-fated "Hampshire," with Lord Kitchener on board, was to take some months later. For several days, to avoid mine fields, we were in the Arctic Circle at a latitude of 74 degrees. During those days there was barely one hour of daylight.

The storms were bad and often for hours no headway was made. British mine sweepers met us and escorted us through the worst part of the mine fields. One can imagine the joy of these men on meeting a British ship. They had seen no one for three months, and how greedily they fell on all our old newspapers and magazines! They remained with us for three days. We anchored at night, proceeding forward only while it was light. The morning they left us we had a narrow escape from striking a floating mine. Fortunately, it was sighted by one of the officers on the look-out. The boat swerved so suddenly from its course that it was with the greatest difficulty that anyone was able to remain standing. Those who were on deck saw the mine float past not more than forty yards from the ship, looking like a huge, but menacing, football.

A sad incident in connection with our ship, the SS. Calypso, and its crew, of whom we became very fond,

was that on its return trip to England the following spring, it did not escape a floating mine by 40 yards, and all on board were lost.

The icebreaker Lady Grey cut our path through the ice up the Dwina River. That was of particular interest to one member of the unit, as she flew the Canadian Ensign, and is now being used in the Lower St. Lawrence and has been rechristened the Martha.

The winter set in very early that year and our boat was the last to reach the port of Archangel. The others were ice-bound some miles out during the entire winter. Many lives were lost among the sailors, and they also experienced the dreadful explosion at Archangel that took place later in the year, with such disastrous results.

As we came up the Dwina River, we were reminded very much of Canada: the snow-covered ground and familiar birch and fir trees; the small lumber yards with the usual red brick office building; but when Archangel came in sight it was like nothing we had ever seen before. It was our first glimpse of a Russian town, and the picture of it will never be effaced: the rounded and exotic shaped domes of the Russian churches, painted in bright blues, and the glistening of the gilded spires and crosses.

We were fortunate enough to see several Laplanders in their picturesque costumes, and teams of reindeer; washerwomen doing their week's laundry in the broken ice about the boats, and a hut and coach built by Peter the Great and jealously guarded by Archangel as one of its few attractions.

Along the docks and water front there were what seemed like miles of motor parts, guns, ammunition, etc., waiting to be shipped to one of the Russian fronts: a sight that we were too soon to become familiar with as we moved about the country.

We went by rail to Petrograd and arrived at 4 a.m. one morning. We were billeted in a Red Cross home for Russian Sisters on leave from the front. It was in one of the buildings of the Smolmy Monastery, later the Bolshevik headquarters, and where Mr. Lombard, the English chaplain, spent several dreadful months as a prisoner in 1918.

Fortunately for us we were not prisoners there, but it was a most uncomfortable if amusing experience. We stayed a few days only, going on to our own quarters near the hospital. While at the Smolmy Monastery we slept in a room with 60 Russian Sisters of a very poor class. There were plenty of large windows, but only one that had a sliding pane that could be opened. It was continually being opened by an English Sister and as quickly closed by a Russian Sister! A long tin trough served as a wash basin, with nothing but cold running water. Black bread, raw fish and soggy potatoes made up the first and last meal we ate there.

The Palace of the Grand Duke Dimitri, on the corner of the Nevsky Prospect and Fontana Canal, had been chosen for the site of the hospital. The ball-room, reception rooms and state apartments made stately wards, with their parquet floors and wonderful candelabra. The beautiful marble staircase leading to the hospital was described during the revolution as "literally running with blood," a sad contrast to its former days of grandeur and festivity!

The formal opening of the hospital was a memorable and magnificent sight. Among those present were the Dowager Empress, the Grand Duchesses Olga and Tatiana, the Grand Duchess Marie Pavlowa, the Grand Duke Cyril and his wife, as well as other members of the Royal family, church dignitaries and officers in gorgeous uniforms.

The organization of a Russian base hospital was different from a British one in this respect: that once a patient was admitted his stay was

usually long as there were so few convalescent homes or special hospitals. This meant that the admissions and discharges were not very active.

The Continental plan of a "dressing room" was adopted and was very popular with all the staff. It was run very much as an operating room, with as strict a technique. There were four tables for the patients, small tables beside each for the dressings, instruments, etc., and they were "set up" between each case by one of the dressing room staff, which consisted of one English Sister, an English V.A.D. and two Russian V.A.D.'s. The patients were wheeled in on stretchers from the wards and lifted on to the tables by the orderlies. Serious cases were wheeled in in their beds. While the patients were being dressed the V.A.D.'s in the wards made their beds.

The hours on duty were from 8 a.m. to 8 p.m., with two hours off whenever possible. The hour from 7 p.m. to 8 p.m. was usually a quiet and most delightful one; the day's work over and the patients settled for the night, all lights turned out except one that always burnt before the ikon.

The patients who were able to, gathered about and sang their evening hymn and peasant songs, usually accompanied by some one on the balilika, a Russian instrument that is a cross between a violin and guitar. In one ward was a small boy of eleven years old who had lost both hands; he had a beautiful tenor voice and led the singing. He had run away from home and joined a Cossack regiment, had made himself useful by peeling potatoes and was popular with the soldiers. Although not officially recognized, he wore a complete uniform and had been granted the cross of St. George.

A summary of the picture of our hospital would show three distinct phases; the first during the Czar's regimé, when we had prestige from being under the patronage of the Royal family and had only wounded soldiers as patients; the second during the revolution, with patients of all classes and in all walks of life and of both sexes, garrison soldiers, students, civilians and many scurvy cases. Thirdly, during the Bolshevik régime, when the patients held council to decide if they would allow one another to be operated upon after the M.O.'s had given their order. This time we had no patronage or prestige from any party.

News Notes

MANITOBA

WINNIPEG

The nursing staff of Deer Lodge Soldiers Convalescent Hospital entertained at a delightful tea on August 5th in honour of N/S A. Chafe, who is leaving to take charge of the operating room in the English hospital, Mexico City, and of Miss I. Mortimer, superintendent of the English hospital, and Miss Best, of the American hospital, Mexico City, who have been holidaying in Winnipeg. Out-of-town guests included Mrs. W. MacKay, of Pandora, Sask., and Mrs. R. Shand, of Regina.

BRITISH COLUMBIA

VANCOUVER

On Saturday, June 26th, the home and grounds of Mrs. Shepherd (N/S Hamilton), and N/S Conway-Jones, at Steveston, were the centre for the annual picnic of the Nursing Sisters' Club. The hostesses and committee spared neither time nor energy in making the affair a success, and everyone who was able to attend came away with a very pleasant memory of a delightful afternoon and evening.

N/S Fogarty, a graduate of the Winnipeg General Hospital, who has spent a number of years in South Africa and Australia, has been an interesting visitor in town. Miss Fogarty was attached to the South African Army Nursing Service, and had some very interesting experiences in the military hospitals of Africa during the war. She intends to remain in Vancouver until the winter.

Mrs. Howard Burris (N/S Ruby Stewart), with her three children, spent the summer in Vancouver.

(Concluded on Page 485)

News Notes

ALBERTA
CALGARY

Mrs. Stuart Brown, Reg.N., hon. president of the Calgary Association of Graduate Nurses, who has spent the last two years with relatives in Ireland, returned recently.

Miss Peat has opened a private hospital at 2410 5th Street W., Calgary.

Miss Pearl Bishop, Reg.N., has returned from holidaying at Gull Lake, and Mrs. Shearer from a motor trip through the Canadian Rockies.

Miss Fraser has resumed duties with the V.O.N., having completed a public health course at the University of Toronto, winning first-class honours.

Miss Lavall, RegN., recently spent a two weeks' vacation in Edmonton.

Miss Nora Wellington, a September bride-elect, was the recipient of many pretty and useful gifts at a miscellaneous shower given in her honour by Mrs. Gardiner. The other guests were ex-class mates of the Calgary General Hospital.

Miss West, of Calgary, was the guest of honour at a tea at the residence of her sister, Mrs. Harold Orr, of Edmonton, in honour of Miss West's approaching marriage to Dr. Rankin, dean of the Faculty of Medicine, University of Alberta.

On Thursday evening, July 22nd, a very pretty wedding was solemnized at the home of Dr. and Mrs. John D. Whyte, Calgary, when their daughter, Elizabeth Lee, became the wife of Hector MacArthur, B.S.A., of Vancouver, B.C. Later, Mr. and Mrs. MacArthur left on a trip through the Arrow and Kootenay lakes. They will reside in Vancouver.

BRITISH COLUMBIA
NEW WESTMINSTER

Miss K. B. Stott, R.N., for the past ten years superintendent of nurses at the Royal Columbian Hospital, resigned on August 1st. She was presented with a silver casket filled with gold pieces by the doctors. The staff nurses and nurses-in-training gave her a fitted travelling bag, and the graduate nurses gave her a beaded bag, in token of the high esteem in which she is held.

MANITOBA
WINNIPEG

Through the kind invitation of Dr. D. A. Stewart and Miss J. Houston, members of the Manitoba Graduate Nurses' Association were enabled to spend a week-end at Ninette Sanatorium, when a very interesting and instructive programme was provided for them. Saturday evening was devoted to a business meeting; on Sunday Dr. Stewart gave a talk on Sepsis of the Chest, other than Tubercular, and Dr. Pritchard spoke on the Sun Treatment in Disease, both subjects illustrated by plates. Later, the guests were taken a round of the wards; special cases were explained and several mutual recognitions of patients and visitors were encountered. The week-enders included Miss E. Russell, president of the M.A.G.N.; Miss E. Wilson, provincial supervisor of tuberculosis work in outlying districts; Miss Knott, of Grace Maternity Hospital, and Miss E. Gilroy, of Ellen Street Free Kindergarten. The nurses are greatly indebted to Dr. Stewart and his staff for the opportunity given to obtain a keener insight into the work of the Sanatorium.

NEW BRUNSWICK
FREDERICTON

The tenth annual meeting of the New Brunswick Association of Registered Nurses was held in the vestry of Wilmot Church, on June 15th and 16th, 1926, following a meeting of the Executive Council. At the opening session of the association, the president, Miss M. Murdoch, was in the chair, and forty members were in attendance from all districts of the province. An address of welcome was given by Mayor Clarke, of Fredericton, responded to Miss A. J. MacMaster, of Moncton. Reports were read and adopted; that of the corresponding secretary showed that twenty-six new members were added to the roll, making a total of paid-up, lapsed, resident and non-resident of 377. The treasurer's report showed improvement in financial standing. Receipts for the year amounted to $1,253.52; expenditure, $811.34. The registrar's report showed that 59 certificates had been issued from September, 1925, to June 5th, 1926; total issue to date, 453. The secretary of the board of examiners reported that two examinations had been held: one in Saint John in November, 1925, and one in Chatham in May, 1926. Of 71 candidates writing examinations, 45 were successful. The board of examiners had adopted the following resolution re papers: "Beginning the first examination in 1927, each paper shall consist of six questions, but in no case shall more than five be answered. Candidates to have choice of questions." Miss McKay, convener of the Private Duty Section, reported that cards dealing with the new schedule of rates approved at the last annual meeting had been printed and dis-

tributed. After discussion, it was resolved that the existing rates remain unchanged. Miss Dykeman, convener, Public Health Section, showed in her report that 33 graduate nurses are employed in public health work in the province and that progress was being made as rapidly as funds would permit. Miss Bliss, convener of the Nursing Education Comittee, dealt with the standardization of pupil nurses' records kept by the Training School office, and text books used by instructors and members of the board of examiners when setting the examination papers. The meeting was addressed by Dr. Helen MacMurchy, of the Child Welfare Department, Ottawa, and Dr. Wherrett, travelling diagnostician for tuberculosis cases.

At the morning session on June 16th, the very interesting reports of the local chapters were read, each chapter reporting advance in its special line of work. The convener of the Constitution and By-Laws Committee reported that the amendment approved at the general meeting of the association in February last was not passed by the Legislature at the spring session. The association was too late in making application to the Legislative Assembly. The report of The Canadian Nurse Committee showed that 50 new subscriptions had been received in the past year, and several articles contributed by members of the association. An invitation to the association to hold the next annual meeting in Moncton was received and accepted. The election of conveners of Standing Committees and members of the Executive Council, with votes of thanks to all who had aided in making the meetings of the association so profitable and enjoyable, concluded the business.

MONCTON

Mrs. L. D. Wadman and little son are spending the summer months at Bathurst, at Mrs. Wadman's former home.

Miss Ruth C. Wilson, of the Moncton Hospital staff, and Miss Helen O'Blenes are enjoying an auto trip through Prince Edward Island and Nova Scotia.

Miss Nina Weldon, of Sackville, is relieving in the dietary department of the Moncton Hospital, in the absence of Mrs. Helen Ryder, who is spending her vacation in Nova Scotia. Miss Mildred Lyons is also relieving on the staff of the Moncton Hospital.

The Rev. and Mrs. T. T. Faichney (Montgomery, Moncton Hospital, 1919), and young son, of Lethbridge, Alta., after several years' absence, are renewing acquaintances in various parts of New Brunswick.

Miss Ella Sutherland is spending her vacation in New Glasgow.

Miss Sadie Brooks recently left for Gagetown to spend several weeks with her parents.

SAINT JOHN

Positions have recently been filled by the following graduates of the General Public Hospital: Miss Frances Keith, 1926, on the staff of the Saint John County Hospital; Misses Hilda Harris and Effie Bonnell, doing private duty nursing; Misses Jessie Andrews, 1922, and Grace Lewin, 1925, on the staff of the General Public Hospital, Saint John.

Miss Sarah Tedlie and Miss Sarah McGowan, General Public Hospital, 1926, are receiving congratulations on leading the province in the recent registration examinations.

Miss Belle Howe has accepted a position as supervisor, Home for Incurables, Saint John.

WOODSTOCK

Miss Madeline Scott, Montreal General Hospital, 1922, has resigned from the staff of the Fisher Memorial Hospital, and Miss Myra Backman, Montreal General Hospital, 1926, has accepted a position in the Fisher Memorial Hospital.

A graduation dance in honour of Miss Dorothy Grant and Miss Rachel Lawrence, 1926, was held recently in the G.W.V.A. Hall.

ONTARIO

Hamilton General Hospital

Mrs. Margaret Reynolds and Miss Margaret Hickey have returned to Hamilton from Los Angeles, California, where they spent three years doing private duty nursing.

Miss Jessie Spense, who attended the Public Health Nursing Course, University of Toronto, 1925-6, has joined the temporary staff of the Public Health Department.

Miss Maud Roadhouse has accepted a position in St. John's Hospital, Long Island, N.Y.

Miss Gladys Webber is night supervisor at the Victoria Hospital, London, Ont.

Miss Helen Vickers is at the Receiving Hospital, Detroit, Mich.

Miss Squires, charge nurse, O.R., is now recovering from a long illness.

LONDON

The Edith Cavell Association closed a series of very interesting meetings on June 28th, when a paper given by Dr. Young, of Byron Sanatorium, on the History of the Treatment of Tuberculosis was greatly enjoyed by all. The business of the revision of the Constitution and By-Laws made necessary by the change from G.N.A.O. to R.N.A.O. was proceeded with and a delegate to the Canadian Nurses' Association's general meeting at Ottawa

appointed. By kind invitation of Miss Forest the meeting was held in the charming reception room of the Nurses' Home at Byron Sanatorium, a social hour being spent over the tea-cups at its conclusion. The next meeting will be the annual meeting in September, when officers will be elected and a programme mapped out for the winter of 1926-1927.

TORONTO

Grace Hospital

Mrs. John Gray, president of the Alumnae Association, was a delegate at the general meeting, C.N.A., at Ottawa. Miss Rowan, superintendent of Grace Hospital, also attended.

The Alumnae Association entertained the graduating class at a most enjoyable dance at the King Edward on the evening of May 7th.

The June meeting of the Alumnae Association was purely social, taking the form of a bridge party, which was held in the Nurses' Residence.

Miss Alberta O. Bell, 1921, who was absent for one year to take the course of Administration in Schools of Nursing at McGill University, has returned to take the position of Assistant Superintendent of Nurses in Grace Hospital.

Miss Olga L. Tod, 1921, who took the course under the Department of Public Health Nursing, University of Toronto, 1925-6, has been appointed school nurse at Bowmanville, Ont.

Miss Alma F. Finnie, 1915, has been appointed staff nurse at the new Red Cross Outpost at Red Lake, Ont. Miss Finnie and Miss Agatha Gamble (T.G.H.) were the first professional women to enter that mining district.

Miss Hilda H. Vohmann, 1924, who has recently completed the Public Health Course at the University of Toronto, is now affiliated with the Victorian Order of Nurses at North Bay.

Wellesley Hospital

The beautiful grounds of the hospital made a suitable setting for the 12th graduation exercises, held on June 10th. The Rev. C. J. S. Stuart opened the proceedings with prayer, Sir William Mulock, K.C.M.G., president of the board, gave a short address, and Sir John Willison addressed the graduating class. Miss E. G. Flaws, superintendent of the hospital, led the class in the recital of the Florence Nightingale pledge, and the school pins and diplomas were presented by Mrs. Howard Ferguson, wife of the Premier of Ontario. Scholarships were awarded as follows: The Sir Edmund Osler scholarship for highest standing in theory and practical work, to pursue a post-graduate course, to Miss Lillian Louise Myer; the Herbert A. Bruce scholarship for proficiency in O.R. technique, to Miss Mildred Dorothy Henry, of Thornton, Ont.; the Gordon Gallie scholarship for highest standing in obstetrical nursing, to Miss Edith May Fewings, of Galt, Ont., and Miss Kathryn Hogg, of Galt, Ont. The graduates were: Doris Annie Anderson, Dorothy Burton, Millicent Irene Boyd, Catherine Scobie Davis, Edith May Fewings, Kathryn Hogg, Mildred Dorothy Henry, Rebecca Elizabeth Harrison, Florence Ellen Ropeman, Anna Avis Miller, Mildred Meikle, Lillian Louise Myer, Kathleen Ferguson McNeil, Mildred McMullen, Alice Alexandra Reid, Kathleen Reesor, Mary Mabel Scott, Mary Jane Wansborough, Alexandra Williams.

Miss Dorothy Powers, 1921, has gone to Haileybury to take charge of the Red Cross Hospital.

Miss Daisy Lodge, 1919, and Miss Ann Barton, 1921, are relieving on the staff of the hospital during the summer months.

Miss Mildred Henry, 1926, is convalescing after her recent operation in the hospital.

QUEBEC

MONTREAL

Montreal General Hospital

Miss Carman Budd, 1923, is relieving for the summer in the Registration Office of the Out-Patient Department of M.G.H.

Miss Charlotte MacNaughton has resigned her position at the Children's Bureau, Montreal.

Miss Edith McQuisten, 1925, is relieving for holidays at St. Agathe Sanatorium, St. Agathe, P.Q.

Miss Helen Tracey, 1917, has taken charge of Lockport City Hospital, Lockport, N.Y., while Miss Giffen is on holidays.

Miss Hazel Miller, 1922, is relieving on the night staff of M.G.H. during Miss Webster's absence. Miss Herman, 1925, is taking Miss Miller's place in Ward H.

The members extend their sympathy to Miss Helen Elliott, 1921, in the sudden death of her sister at Ormstown, P.Q.

Miss Rachel McConnell, superintendent of Hartford General Hospital, Hartford, Conn., is now on a vacation to the Pacific coast.

Misses Olive MacKay and Lottie Urquhart have recently resigned from the staff of the Winchester General Hospital, Winchester, Mass.

Miss Nina Brown, 1918, has resigned as floor supervisor in the Good Samaritan Hospital, Los Angeles, Cal., to engage in private duty nursing.

Miss Frances Reed, of the teaching staff of M.G.H., and graduate of McGill School

for Graduate Nurses, is taking a special short course at Columbia University.

Miss Lillian Dickie passed through Montreal from New Brunswick on her way to California, where she will spend some time in private duty nursing.

Miss Florence Dogherty, who has been doing private duty nursing in Boston, Mass., for several years, is spending her holidays at her home in Montreal.

Miss Inez Welling, 1923, who has spent the past two years in professional duties in England, Bermuda and the United States, has returned to her home in Moncton, N.B.

Miss Eleanor Hancock, of the Charlotte Hungerford Hospital, Torrington, Conn., has resigned her position as assistant superintendent, also Miss Nellie Tuck as night supervisor, and Miss Katherine Faulkner as floor supervisor in same institution. These nurses will all take extended holidays at their respective homes.

SASKATCHEWAN

SASKATOON

Every available seat was filled in Nutana Collegiate Auditorium, Saskatoon, when the annual graduation exercises of the City Hospital took place on May 14th. His Worship Mayor Wilson presided, and Dr. W. T. Hallam, principal of Emmanuel College, ably set before the graduating class the traditions and loyalties of the nursing profession. Beautiful baskets of flowers were presented to the superintendent of nurses and to the graduating class by the nurses in training, St. Paul's Hospital, former graduates and friends. Dancing and music brought the evening to a close.

On the following day (Saturday) a banquet was given in the nurses' dining hall by the hospital board, and the graduation festivities were brought to a close on Saturday evening when Miss S. A. Campbell entertained at a delightful theatre and luncheon party in honour of the graduating class.

The sixteen graduates received their diplomas at the hands of Mr. J. O. Hettle, chairman of the hospital board, the pins being presented by Miss S. A. Campbell, superintendent of nurses, who also presented the gold medals, awarded as follows: The one for general proficiency donated by Mr. J. O. Hettle, to Miss Elsie Ratcliffe; that for highest standing, donated by the hospital board, going to Miss M. Christison.

Miss S. A. Campbell, lady superintendent of the Saskatoon City Hospital and president of the Saskatchewan Graduate Nurses' Association, has been visiting in Eastern Canada. During her stay she attended the general meeting of the Canadian Nurses' Association, held in Ottawa, August 23-27.

Miss Myrtle Simpson, Saskatoon City Hospital, 1922, and Miss McNaulty, Saskatoon City Hospital, 1924, who for the past year have been on the nursing staff of the Mayo Brothers' Clinic, at Rochester, Minn., have been home on a short visit.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

BISHOP—On July 12th, 1926, at Sloane Maternity, New York City, to Mr. and Mrs. Horace Bishop (graduate of Moncton Hospital, 1918), a daughter (Mary Phyllis).

CRYDERMAN—On April 25th, 1926, at Grace Hospital, Toronto, to Dr. and Mrs. Wilbur J. Cryderman (Retta S. Franks, Grace Hospital, 1920), a son.

HALL—On June 13th, 1926, at Grace Hospital, Toronto, to Mr. and Mrs. Harold Hall (Marjorie M. Wilson, Grace Hospital, Toronto, 1917), a son.

HUGHES—On June 11th, at Toronto, to Mr. and Mrs. W. J. Hughes (Hazel Graham, Grace Hospital, Toronto, 1923), a daughter.

LAIDLAW—On July 15th, 1926, at Jarvis, Ont., to Mr. and Mrs. Frank Laidlaw (Ellen Thompson, Hamilton General Hospital, 1921), a son.

McMILLAN—On June 18th, 1926, at the Wellesley Hospital, Toronto, to Mr. and Mrs. Wallace McMillan (Florence McKie, Wellesley Hospital, 1925), a son.

PETERKIN—On July 29th, 1926, at Toronto, Ont., to Mr. and Mrs. Stuart Peterkin (Isabel Longman, Wellesley Hospital, 1921), a daughter.

REID—On July 31st, 1926, at Moose Jaw General Hospital, to Mr. and Mrs. O. R. Reid (May McElroy, Kingston General Hospital, 1918), of 918 Chestnut Avenue, a son (Charles Eric).

ROSS—On July 9th, 1926, at Craiglyle, Alberta, to Mr. and Mrs. George Ross (Mamie Boyd, Hamilton General Hospital, 1920), a son.

RUNDLE—On June 30th, 1926, at the Oshawa General Hospital, to Dr. and Mrs. F. J. Rundle (Mabel Hutchinson, Wellesley Hospital, 1919), a son.

SHIELDS—On July 14th, 1926, at Peterboro, Ont., to Mr. and Mrs. Stanley O. Shields (Frances C. Whellams, Grace Hospital, Toronto, 1918), a son.

MARRIAGES

CAMERON—DINGWALL—On July 14th, 1926, at St. Andrew's Church, Toronto, Elizabeth Dingwall (Hospital for Sick Children, Toronto, 1913), to John Home Cameron, of Toronto.

COCKBURN—TILT—On March 31st, 1926, at St. Anne's Church, Toronto, Claire Louise Tilt (Grace Hospital, Toronto, 1920), to William Joseph Cockburn, of Toronto.

DUNN—WOODS—On April 14th, 1926, at Toronto, Edith Mae Woods (Grace Hospital, Toronto, 1922), to Cecil Ernest Dunn, of Toronto. Mr. and Mrs. Dunn will reside at 337 Howland Avenue, Toronto.

ERICKSON—TAYLOR — On April 5th, 1926, at Aurora, Ontario, Belle Geraldine Taylor (Grace Hospital, Toronto, 1922), to Carl Erickson. Mr. and Mrs. Erickson are living in Rouyn, Quebec.

JONES—CONWAY—On July 24th, 1926, at Chalmers Presbyterian Church, Toronto, Kathleen J. Conway (Grace Hospital, Toronto, 1924), to Dr. Thomas Oswald Jones, of Toronto. Dr. and Mrs. Jones will reside at 62 Humber Trail, Toronto.

MacARTHUR—WHYTE—On July 22nd, 1926, in Calgary, Elizabeth Lee to Hector MacArthur, B.S.A., of Vancouver. Mr. and Mrs. MacArthur will reside in Vancouver.

MacDONALD—SMITH — On June 25th, 1926, at Wingham, Ont., Miriam Smith (Wellesley Hospital, 1923), to Dr. J. A. MacDonald, of Toronto, Ont.

McNUTT—STEVENS — At Bay Head, N.S., on June 14th, Miss Annie Jane Stevens to Mr. Roy McNutt, of Bay Head, N.S.

OCKENDON—GODWIN—On July 13th, 1926, Mable Godwin (General and Marine Hospital, St. Catharines, 1926), to Stanley Ockendon, of Toronto. Mr. and Mrs. Ockendon will reside in Toronto.

ROBERTS—STACK—At Deer Lake, Newfoundland, on June 30th, Miss Hannah Stack to Mr. H. Glyn Roberts, of London, Eng.

DEATHS

HOLLY—On April 26, 1926, at the General Public Hospital, St. John, N.B., after a long illness, Agnes Caroline Holly (General Public Hospital, Campbellford, 1925), eldest daughter of Mr. and Mrs. Murray Holly, of Gaspé, aged 22 years.

THE CANADIAN NURSE

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President, Mrs. H. M. Bowman, Women's College Hospital; Vice-President, Miss Maude Wilkinson, 410 Sherbourne St.; Treasurer, Miss Mildred Sellery, 678 Spadina Ave.; Secretary, Miss Rubena Duff, Women's College Hospital; Councillors: Misses Janet Allison, 57 St. Ann's Rd.; Frances Brown, 35 Chicora Ave.; Ethel Greenwood, 34 Homewood Ave.; Helen Kelly, General Hospital; Ida McFee, Western Hospital; Barbara Ross, 101 Dunn Ave.; Ada Luxon, 166 Grace St.; Mrs. Josephine Clissold, 34 Inglewood Drive.

BELLEVILLE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss M. Tait, R.N. (Superintendent Belleville Hospital); President, Miss F. Fitzgerald, R.N.; Vice-President, Miss H. Collier, R.N.; Secretary, Mrs. A. R. Newman, R.N.; Treasurer, Miss F. Hannah, R.N.; Corresponding Secretary, Miss S. Brockbank, R.N.; Flower and Visiting Committee, Miss Humphries, Mrs. P. E. Cooke, Miss Soutar, Miss Hull; Advisory Board, Mrs. P. E. Cooke, Miss Soutar, Miss Cockburn, Miss Jones, Miss Coulter.

Regular Meeting, First Tuesday in each month at 3.30 p.m. in the Nurses' Residence.

ALUMNAE ASSOCIATION OF THE BRANTFORD GENERAL HOSPITAL, BRANTFORD, ONT.

Hon. President, Miss E. M. McKee, Brantford General Hospital; President, Miss J. Wilson; Vice-President, Miss D. Arnold; Secretary, Miss I. Marshall, 91 Peel St., Brantford, Ont.; Treasurer, Miss G. Westbrook; Flower Committee, Miss M. Collyer, Miss V. Van Volkenburg; Gift Committee, Miss A. Hough, Miss I. Martin; "The Canadian Nurse" Representative, Miss D. Small: Press Representative, Miss R. Isaac; Social Convener, Miss. G. Weiler.

Regular Meeting held First Tuesday in each month at 8.30 p.m. in the Nurses' Residence.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, CHATHAM, ONT.

Hon. President, Mother M. Louise; Hon. Director, Sister M. Pascail; President, Miss Hazel Gray; Vice-President, Miss Charlotte Neff; Secretary, Miss E. Riegling; Treasurer, Miss Angela Blonde.

Representative to "The Canadian Nurse"—Miss Anna Currie.

Sick Visiting Committee—Miss L. Richardson and Miss G. Norton.

Regular Meeting: First Monday of each month.

CORNWALL GENERAL HOSPITAL ALUMNAE ASSOCIATION, CORNWALL, ONT.

Hon. President, Miss Lydia Whiting, R.N.; President, Miss Mabel Hill, R.N.; First Vice-President, Mrs. Ella Rae Hirst, R.N.; Second Vice-President, Mrs. John Boldie; Secretary-Treasurer, Miss M. Fleming, R.N., General Hospital; Convener Entertainment Committee, Miss Mabel Hill, R.N.; Representative to "The Canadian Nurse," Miss Helen Wilson, R.N.

THE ALUMNAE ASSOCIATION OF THE ROYAL ALEXANDRA HOSPITAL, FERGUS, ONT.

Hon. President, Miss Lydia McKinnon, Reg.N., Priceville; President, Miss Helen Campbell, Reg.N., 72 Hendricks Ave., Toronto; Vice President, Miss Marion Pretty, Reg.N., R.A. Hospital, Fergus; Secretary, Miss Evelyn Osborne, Reg.N., 8 Oriole Gds., Toronto; Treasurer, Miss Bertha Brillinger, Reg.N., 8 Oriole Gds., Toronto; Press Representative, Miss Jean Campbell, Reg.N., 72 Hendricks Ave., Toronto.

GUELPH GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Miss Maude Tolton, R.M.D. No. 3; First Vice-President, Miss S. MacKenzie, G.G.H.; Second Vice-President, Miss A. L. Fennell, 50 King St.; Treasurer, Miss Hazel Young, Liverpool St.; Secretary, Miss Bessie Millar, Powell St. E.

Flower Committee—Miss Beth Richardson, Miss Quinn and Miss B. Morris.

Correspondent to "The Canadian Nurse"—Miss Ethel M. Eby, 50 King St.

HAMILTON GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss E. C. Rayside, General Hospital; President, Miss M. H. Sabine, 132 Ontario Ave.; Vice-President, Miss I. McIntosh, 353 Bay St. S.; Recording Secretary, Miss E. Wright, 222 Mt. Park; Corresponding Secretary, Miss Jean Soutar, General Hospital; Treasurer, Miss O. Watson, 80 Grant Ave.; Committees—Programme: Miss E. Buckbee, Tecumseh; Miss R. Galloway, Miss Harrison, Miss Hulik, Miss M. Pegg, Miss C. Harley; Flower and Visiting: Miss A. Kerr, Miss E. Buckley, Miss A. Squires, Miss M. Pegg; Registry: Miss A. Kerr, 83 Grant Ave.; Miss B. Buckley, Miss C. Waller, Miss Kitchen; Executive: Miss C. Waller, Convener; Miss Hall, Miss Champ, Miss Grinyer, Mrs. Hess.

Representatives to the Local Council of Women: Miss R. Burnett, Miss B. Sadler, Miss Laidlaw, Miss E. Buckbee.

Representatives to "The Canadian Nurse": Miss R. Burnett, Miss C. Taylor, Miss B. Sadler, Miss C. Waller, Miss A. Squires.

Representative to Private Duty Section of the R.N.A.O.: Miss Hanselman.

Representative to the Toronto Executive: Miss C. Harley.

ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, HAMILTON, ONT.

Hon. President, Sister M. Assumption, St. Joseph's Hospital; President, Miss Irene Murray, 21 Gladstone Ave.; Vice-President, Miss M. Maloney, 31 Erie Ave.; Treasurer, Miss Quinn, 12 Cumberland Ave.; Secretary and Corresponding Secretary, Miss M. Kelly, 43 Gladstone Ave.; Sick Visiting Nurses' Committee, Miss Fagan, 49 Spadina Ave.; Miss Wrenn, 179 Hess St.N.; Representative Private Duty Nurse, Miss Dermody, 16 Victoria Ave. N.; Representative Central Registry, Miss Corrol, 774 King St. E.; Charity Committee, Miss A. Maloney, 31 Erie Ave.; Representative to "Canadian Nurse," M. Baley, 203 Main St. E.; Executive Committee, Misses Cahill and McClarty, 774 King St. E.; Miss Nally, 157 East Ave. N.; Miss Smith, 179 Hess St. N.; Miss Crane, 24 Rutherford.

KINGSTON GENERAL HOSPITAL ALUMNAE ASSOCIATION

First Hon. President, Miss E. Baker; Second Hon. President, Miss A. Baillie; President, Mrs. E. H. Leggett, 359 Johnson St.; First Vice-President, Miss Evelyn Truman; Second Vice-President, Mrs. J. C. Spence; Secretary, Miss Lyda Bertrand, Isolation Hospital; Treasurer, Mrs. C. W. Mallory, 261 University Ave.; Flower Committee, Mrs. George Nicol, 355 Frontenac St.; Registry Nurse, Mrs. J. C. Spence, 30 Garrett St.; "The Canadian Nurse" and Press Reporter, Miss A. Gibson, 336 Barrie St.

KITCHENER AND WATERLOO GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Mrs. James Westwell, Reg.N.; First Vice-President, Miss K. Grant, Reg.N.; Second Vice-President, Miss V. Berlett, Reg.N.; Secretary, Miss Nellie Scott, Reg.N., 18 Pandora Ave.; Asst. Secretary, Mrs. J. Donnley, Reg.N.; Treasurer, Miss E. Pfeffer, Reg.N., 102 Courtland Ave.; Representative to "The Canadian Nurse," Miss Elizabeth Ferry, Reg.N., 102 Young St.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, LONDON, ONT.

Hon. President, Sr. Zeta, Superior; Hon. Vice-President, Sr. Patricia; President, Mrs. A. Kelly, 819 Elias St., London; First Vice-President, Miss L. Golden, 382 Queen's Ave., London; Second Vice-President, Miss L. Morrison, 298 Hyman St., London; Recording Secretary, Miss H. Pitt, 440 Pall Mall St., London; Corresponding Secretary, Miss L. McCaughey, 359 Central Ave., London; Treasurer, Miss Rose Hanlon, 59 Elmwood Ave., London; Representatives on Board of Central Registry, Mrs. W. Tighe, Mrs. A. Kelly

Monthly Meeting—First Wednesday at St. Joseph's Assembly Hall.

VICTORIA HOSPITAL ALUMNAE ASSOCIATION, LONDON, ONT.

President, Miss Agnes Malloch; First Vice-President, Miss Winnifred Ashplant; Second Vice-President, Miss Annie Mackenzie; Secretary, Miss Della Foster, 503 St. James Street; Treasurer, Mrs. Walter Cummiks, 95 High Street; Representative to "The Canadian Nurse," Mrs. A. C. Joseph, 499 Oxford Street; Directors, Misses E. MacPherson, M. G. Kennedy, Edith Raymond, L. McGugan, H. Smith, M. Dyer, V. Smith; Representatives to Central Registry Directorate, Misses A. Malloch, M. Turner, E. MacPherson, M. G. Kennedy, L. McGugan.

THE ALUMNAE ASSOCIATION OF ORILLIA SOLDIERS' MEMORIAL HOSPITAL

Hon. President, Miss Eleanor Johnston, R.N., O.S.M.H.; President, Miss L. V. McKenzie, R.N.; First Vice-President, Miss M. Harvie, R.N., O.S.M.H.; Second Vice-President, Miss M. Glennie, R.N.; Secretary-Treasurer, Miss G. Went, R.N.; Recording Secretary, Miss M. Dundas, R.N., O.S.M.H.

Directors—Miss Glennie, R.N.; Miss Gray, R.N.; Miss Mae Lelland, R.N.

Visiting Committee—Miss G. Dudenhoffer, R.N.; Miss Garry, R.N.; Miss Harvie, R.N.

Programme Committee—Miss Newton, R.N.; Miss Hart, R.N.; Miss Towle, R.N.

Regular Meeting—First Tuesday in each month.

OSHAWA GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss McWilliams; President, Mrs. B. A. Brown; Vice-President, Miss Jane Cole; Secretary and Corresponding Secretary, Mrs. G. M. Johnston, Box 529, Oshawa; Assistant Secretary, Miss Beckett; Treasurer, Miss Ann Scott; Private Duty Nurses, Miss B. Allen (Convener); Visiting Committee, Miss Cormie (Convener), Miss McKnight and Mrs. M. Canning; Social and Programme Committee, Mrs. Hare (Convener), Mrs. G. M. Johnston, Misses Scott, Jeffrey, Rice.

LADY STANLEY INSTITUTE ALUMNAE ASSOCIATION, OTTAWA. (Incorporated 1918).

Hon. President, Miss M. A. Catton, 2 Regent St.; President, Miss M. McNeice, 475 Lisgar St.; Vice-President, Miss E. McGibbon, 112 Carling Ave.; Secretary, Miss O. M. Rogan, 152 Hinton Ave.; Treasurer, Miss Mary Slinn, 204 Stanley Ave.; Board of Directors, Miss C. Flack, 152 First Ave.; Miss E. McColl, Vimy Apts., Charlotte St.; Miss L. Belford, Perley Home; "Canadian Nurse" Representative, Miss C. Flack, 152 First Ave.

THE NURSES' ALUMNAE ASSOCIATION OF OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sister Flavie Domitille; President, Miss Flossie Nevins; Vice-President, Miss Isabel McElroy, 18 Botelier St.; 2nd Vice-President, Mrs. A. Lattimer; Sec.-Treas., Miss Verdna Brennan, 190 Osgoode St.; Membership Secretary, Miss Alice Beauchamp; Representatives to Central Registry, Miss E. Dea and Miss A. Stacpole; Representative to "The Canadian Nurse," Miss Kathleen Bayley; Representatives to Local Council of Women, Mrs. C. L. Devitt, Miss G. Evans, Mrs. A. Lattimer, Mrs. E. Viau.

Board of Directors composed of one member of each class numbering twenty-five.

Regular monthly meeting first Friday of each month at 8 p.m.

THE ALUMNAE ASSOCIATION OF ST. LUKE'S HOSPITAL, OTTAWA, ONT.

President, Miss L. D. Acton; Vice-President, Miss E. Maxwell; Secretary, Miss Pearl McQuitty, St. Luke's Hospital; Treasurer, Miss G. Stanley.

Representative to Local Council of Women—Miss M. Hewitt.

Nominatin Committee—Mrs. Way, Miss N. Lovering, Miss S. Johnston.

OWEN SOUND GENERAL AND MARINE HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Georgina Thompson; President, Miss M. Sim, 860 Third Ave., East; First Vice-President, Miss Olga Stewart; Sec.-Treas., Miss Grace Rusk, 952 Fifth Ave., East; Assistant Sec.-Treas., Miss E. Webster; Sick Visiting Committee, Mrs. O. Broadhead (Convener), Mrs. W. Forgrave, Mrs. D. J. McMillan; Programme Committee, Miss M. Graham (Convener), Miss McLean, Miss Wallace; Press Representative -Miss E. Webster.

NICHOLLS' HOSPITAL ALUMNAE ASSOCIATION, PETERBORO, ONT.

Hon. President, Mrs. E. M. Leeson, Superintendent, Nicholls' Hospital; President, Miss Fanny Dixon, 538 Harvey St.; First Vice-President, Miss Walsh, Asst. Supt., Nicholls' Hospital; Second Vice-President, Miss Anderson, 212 London St.; Recording Secretary, Mrs. L. A. Law, 511 King St.; Treasurer, Mrs. Campbell Jordan; Correspondence Secretary and Representative to "The Canadian Nurse," Miss M. Ferguson, 476 Bonaccord St.; Private Duty Representative, Miss Reid; Representatives to Local Council of Women, Misses Anderson, Long, Stocker; Convener Socia' Committee, Mrs. Maurice Pringle.

SARNIA GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Kathleen Scott; President, Miss Fisher; Vice-President, Miss Lumby; Secretary, Miss Mary Firby; Treasurer, Miss S. Laugher; Correspondent to "The Canadian Nurse," Miss Watson.

THE SAULT STE. MARIE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. Director, Rev. Sister Acyndina; President, Miss M. Delaney; First Vice-President, Mrs. O'-Driscoll; Second Vice-President, Miss S. Kehoe; Secretary-Treasurer, Miss F. Allerdice, General Hospital.

STRATFORD GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss A. M. Munn; President, Miss M. Derby; Vice-President, Miss A. Snider; Secretary-Treasurer, Miss C. J. Zoeger.

Representative to "The Canadian Nurse"—Miss C. J. Zoeger.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL, GENERAL AND MARINE HOSPITAL, ST. CATHARINES, ONTARIO

Hon. President, Miss Meiklejohn (Superintendent Mack Training School); President, Mrs. W. J. Durham, R.R. No. 4; 1st Vice-President, Mrs. Neil Buchanan, 26 Wolsely Ave.; 2nd Vice-President, Miss Mazie Merriott, 16 Richmond Ave.; Treasurer and Secretary, Miss Norma Grenville, Box 60, Thorold, Ont.; Asst. Secretary, Mrs. Combs, 24 Lowell Ave.; "The Canadian Nurse" Representative, Miss Mary F. Stevens, 17 Academy St.; Social and Programme Committee, Mrs. Jacques (Convener), 150 Russell Ave., Miss Tuck, Miss Gladys Miller, Miss Mary Phipps; Auditors, Mrs. James Parnell, Mrs. Leo Bradt.

THE ALUMNAE ASSOCIATION AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONT.

Hon. President, Miss Lucille Armstrong, Memorial Hospital; President, Miss Jean Killins, Memorial Hospital; First Vice-President, Miss Myrtle Bennett, Memorial Hospital; Secretary, Miss Leila Cook, 30 Princess Ave.; Treasurer, Miss Eva Fordham, 33 Wellington St.; Executive Committee, Mrs. T. Keith Misses Stevenson, Campbell, Malcolm and Hastings.

TORONTO GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss M. A. Snively; President, Miss Kathleen Russell; First Vice-President, Miss Alice Thompson; Second Vice-President, Miss Maud Coatsworth; Recording Secretary, Miss Margaret Dulmage; Corresponding Secretary, Miss Dorothy Fortier, 471 Spadina Ave.; Treasurers, Miss Mabel Cunningham and Miss Nora Huntsman; Councillors, Misses Julia Stewart, Clara Brown, Margaret Green, Ethel Campbell, Ethel Cryderman.

ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO

Hon. President, Mrs. C. J. Currie; President, Mrs. John Gray, 73 Manor Rd. East; First Vice-President, Miss Jessie Goodman; Corresponding Secretary, Miss Mary Hendricks, 26 Rose Park Crescent; Recording Secretary, Miss Alberta Bell, Grace Hospital; Treasurer, Miss Elsie Ogilvie, 334 Brunswick Ave.

THE ALUMNAE ASSOCIATION OF GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO ONT.

President, Miss Edith Lawson, 130 Dunn Ave., Toronto; Vice-President, Miss Margaret Ferriman, 53 Herbert St., Toronto; Secretary, Miss Harrie Fowlds, 130 Dunn Ave., Toronto; Treasurer, Miss Ione Clift, 130 Dunn Ave., Toronto; Convener Social Committee, Miss Mary Forman, 130 Dunn Ave., Toronto.

THE ALUMNAE ASSOCIATION OF THE TORONTO ORTHOPEDIC HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss E. MacLean; President, Mrs. W. J. Smithers, Sussex Court Apts.; Vice-President, Miss Catherine MacKinnon, 100 Bloor St. W.; Sec.-Treas., Miss Lucy M. Loggie, Apt. 12, 610 Ontario St., Toronto.

RIVERDALE HOSPITAL ALUMNAE ASSOCIATION, TORONTO

President, Miss M. Jones, Riverdale Hospital; 1st Vice-President, Miss M. Thompson, Riverdale Hospital; 2nd Vice-President, Miss A. Armstrong, Riverdale Hospital; Secretary, Miss Mae Scott, Riverdale Hospital; Corresponding Secretary, Miss Delta Mick, Riverdale Hospital; Treasurer, Miss M. Craig, Riverdale Hospital; Board of Directors, Miss Honey and Miss F. McMillan, Riverdale Hospital, Miss Stretton, 7 Edgewood Ave., Mrs Quirk, 60 Cowan Ave. and Mrs. Lane, 221 Riverdale Ave.; Conveners, Standing Committees, Sick and Visiting, Mrs. Paton, 27 Crang Ave.; Programme, Miss E. Scott, Riverdale Hospital; Central Registry, Misses Brown and Hewlett; Representative, "The Canadian Nurse," the Secretary.

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN, TRAINING SCHOOL FOR NURSES, TORONTO

Hon. President, Mrs. Goodson; Hon. Vice-Presidents, Miss F. J. Potts, Miss Kathleen Panton; President, Mrs. Langford, 71 Springmount Ave.;1st Vice-President Miss Flora Jackson; 2nd Vice-President, Mrs. Babcock; Treasurer, Miss Marjorie Jenkins, Hospital for Sick Children; Rec. Secretary, Miss Wilma Lowe; Cor. Secretary, Miss Gene Clark, 406 Rushton Rd.; Conveners of Committees: Sick Visiting, Mrs. Wilkinson, 112 Grace St.; Programme, Miss Hazel Hughes; Social, Mrs. Murray Robertson; Representative to Private Duty, Miss Margaret Marshall; "The Canadian Nurse," Mrs. James, 165 Erskine Ave.

THE ALUMNAE ASSOCIATION OF ST. JOHN'S HOSPITAL, TORONTO

President, Miss E. R. Price; First Vice-President, Miss M. Haslett; Second Vice-President, Miss S. Burnett; Recording Secretary, Miss E. Isaac; Corresponding Secretary, Miss Q. Turpin; Treasurer, Miss R. Ramsden; Press Representative, Miss K. Jackabarry.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO

Hon. President, Sister Mary Aquinas; Hon. First Vice-President, Sister Amata; President, Miss Hilda Kerr; First Vice-President, Miss Eva Dunn; Second Vice-President, Mrs. Artkins; Third Vice-President, Miss E. Graydon; Recording Secretary, Miss Audrey Kearns; Corresponding Secretary, Miss Marjorie Larkin, 190 Carlaw Ave.; Treasurer, Miss Irene McGurk; Directors, Miss Bertha Cunningham, Mrs. C. Fletcher, Mrs. J. E. Day.

Committees—General Convener, Miss E. Dunn; Public Health, Miss A. Connor; Private Duty, Miss R. Grogan; Nominations, Miss M. Rowan; Sick Visiting, the Directors; Entertainment, the Executive; Press and Publication, Miss Kathleen Meader.

VICTORIA MEMORIAL HOSPITAL ALUMNAE ASSOCIATION, TORONTO

Hon. President, Mrs. Forbes Godfrey; President, Miss Annie Pringle; Vice-President, Miss Dorothy Greer; Secretary, Miss Florence Lowe, 152 Kenilworth Ave., Toronto; Tresaurer, Miss Ida Hawley, 41 Gloucester St., Toronto.

Regular Meeting—First Monday of each month.

ALUMNAE ASSOCIATION OF WELLESLEY HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss E. G. Flaws; President, Miss Ella Bastian, 88 Wineva Ave.; Vice-President, Miss O. Russell, 878 Palmerston Ave.; Corresponding Secretary, Miss Edith L. Carson, 320 Jarvis St.; Recording Secretary, Miss Waple Greaves, 65 Glendale Ave.; Treasurer, Miss Kathleen Layton, 38 Helendale Ave.; Members of Executive, Misses Elsie Jones, Irene Williams, Hazel MacInnis and Mrs. V. Musgrave; Representative to Central Registry, Miss Helen Carruthers, 112 Bedford Rd., and Miss Ina Onalow, 100 Gloucester St.; Representative to Toronto Chapter R.N.A.O., Miss Edith Cale, 211 Carlton St., Apt. 3; Correspondent to "The Canadian Nurse," Miss Edith Cowan, 496 Sherbourne Street.

TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Beatrice Ellis; President, Miss Marion Wylie, Western Hospital; Vice-President, Miss Grace Sutton, Western Hospital; Secretary-Treasurer, Miss Marjorie Agnew, Western Hospital; Recording Secretary, Mrs. McArthur; Councillors, Mrs. Annie York, Mrs. Bell, Misses Jessie Cooper, Anderson, Hornsby and Lindsay; Visiting Committee, Miss Mary Thomas, Western Hospital; Representative to Toronto Chapter R.N.A.O., Miss Wiggins; Representative to "The Canadian Nurse," Miss Annie Lowe, Western Hospital.

Meetings—Second Tuesday each month, at 8 p.m., in Assembly Room of Western Hospital.

ALUMNAE ASSOCIATION, WOMEN'S COLLEGE HOSPITAL, TORONTO

Hon. President, Mrs. H. M. Bowman, Superintendent; President, Miss Eleanor Clark, 1986 Queen St. E.; First Vice-President, Miss B. Henry, 100 Yorkville Ave.; Recording Secretary, Miss D'Arcy Berry, 149 Rusholme Rd.; Corresponding Secretary, Miss Bernice Stillman, Psychiatric Hospital, Surry Place; Treasurer, Miss M. Chalk, 53 Sylvan Ave; Representatives to Local Council of Women, Miss Lois Shaw, 564 Gladstone Ave.; Miss Mae Roberts, 123 Nairn Ave.; Refreshment Committee, Miss B. E. Fraser, Miss M. Stillman, Miss Spademan.

THE ALUMNAE ASSOCIATION OF THE CONNAUGHT TRAINING SCHOOL FOR NURSES, TORONTO HOSPITAL FOR CONSUMPTIVES, WESTON, ONT.

Hon. President, Miss E. MacP. Dickson; President, Miss Hazel Dixon, Reg.N., Toronto Hospits for Consumptives; Vice-President, Miss Ella Robertson, Reg. N., Toronto Hospital for Consumptives; Secretary, Miss Josephine Wik, Reg.N., Toronto Hospital for Consumptives; Treasurer, Maude Powell, Reg.N., Toronto Hospital for Consumptives.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss F. Sharpe; President, Miss W. Huggins; Vice-President, Miss V. Burns; Treasurer, Miss E. Peers; Recording Secretary, Miss G. Jefferson; Assistant Recording Secretary, Miss A. McLean; Corresponding Secretary, Miss E. Hastings; Assistant Corresponding Secretary, Miss H. Brown.

GRADUATE NURSES' ASSOCIATION OF THE EASTERN TOWNSHIPS

Hon. President, Miss H. Buck; President, Miss H. Buchanan; First Vice-President, Mrs. G. D. MacKinnon; Second Vice-President, Miss D. Ingraham; Recording Secretary, Miss H. Hetherington; Corresponding Secretary, Miss M. Robins; Treasurer, Mrs. G. Edwards; Representative to "The Canadian Nurse," Miss E. Morrisette.

LACHINE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss B. Brown; President, Mrs. A. McT. Murray; Vice-President, Miss I. Mackay; Secretary-Treasurer, Miss M. Greene.

Regular meetings—Second Monday of each month at 8.15 p.m.

MONTREAL GRADUATE NURSES' ASSOCIATION

President, Miss Phillips, 750 St. Urbain St.; First Vice-President, Miss C. M. Watling, 29 Pierce Ave.; Second Vice-President, Miss Muriel Butler, 6 Oldfield Ave.; Secretary-Treasurer, Miss Susie Wilson, 38 Bishop St.; Registrar, Miss Lucy White, 38 Bishop St.; Convener Griffentown Club, Miss G. H. Colley, 261 Melville Ave., Westmount, P.Q.

Regular Meeting—First Tuesday in each month, at 8.15 p.m.

A.A. CHILDREN'S MEMORIAL HOSPITAL, MONTREAL

Honorary President, Miss A. Kinder; President, Mrs. C. H. P. Moore; Vice-President, Mrs. L. G. Rhea; Treasurer, Miss F. B. Laite; Secretary, Miss M. Watson; Representative, "The Canadian Nurse," Miss D. Parry; Representative, Private Duty Section, Miss H. MacDonald; Sick Nurse Committee, Misses H. Bush and A. O'Dell; Members of Executive Committee, Misses M. Wight and E. Hillyard.

MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss N. G. E. Livingston; President, Miss C. Watling; First Vice-President, Miss S. E. Young; Second Vice-President, Miss M. Batson; Treasurer, Miss Ruth Stericker, 372 Oxford Ave.; Treasurer, Sick Nurses Benefit Association, Miss H. M. Dunlop, 223 Stanley Street; Recording Secretary, Miss E. M. Robertson, Montreal General Hospital; Corresponding Secretary, Miss D. K. McCarogher, Montreal General Hospital; Executive Committee, Miss F. M. Shaw, Miss F. E. Strumm, Miss F. L. Reed, Miss C. Denovan, Miss M. Mathewson; "The Canadian Nurse" Representative, Miss A. Jamieson, 38 Bishop St.; Representatives to Local Council of Women, Miss Colley, Miss Wainwright; Sick Visiting Committee, Miss Bullock (Convener), 56 Sherbrooke St. West, Misses H. Shaw, I. Symonds, M. L. Des Barres.

THE ALUMNAE ASSOCIATION OF THE HOMEOPATHIC HOSPITAL, MONTREAL QUE.

Hon. President, Mrs. Helen Pollock, President Miss M. Richards; Vice-President, Miss J. O.Neill; Secretary, Miss C. Crossfield, 1104 Tupper Street; Assistant Secretary, Miss D. Porteous; Treasurer, Miss H. O'Brien.

Sick Visiting Committee—Miss N. Horner (Convener), Miss D. Smith.

Social Committee—Miss E. Routhier (Convener), Miss E. Barr, Miss J. Lindsay, Mrs. H. Glazebrook.

"The Canadian Nurse" Representative—Miss I. C. Garrick, 4 Oldfield Ave.

Regular Meeting—First Thursday, at 8 p.m.

ALUMNAE ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL, QUE.

Hon. Presidents, Miss Draper, Miss Henderson, Mrs. Hunt and Miss Hersey; President, Miss Elsie Allder; First Vice-President, Miss Marguerite Bellhouse; Second Vice-President, Miss Mary Pickard; Recording Secretary, Mrs. Roberts; Corresponding Secretary, Miss Amy Stoddard; Treasurer, Miss Mable Darville; Treasurer Pension Fund, Miss Milla MacLennan; Executive Committee, Miss Goodhue, Miss Davidson, Miss B. Stewart, Mrs. Stanley; Representative to "The Canadian Nurse", Miss Grace Martin; Representatives to Local Council of Women, Miss Hall, Miss Bryce; Sick Visiting Committee, Convener, Mrs. M. J. Bremner, 225 Pine Ave., West (Uptown 3861).

Regular Meeting—Second Wednesday at 8 p.m.

THE WESTERN HOSPITAL ALUMNAE ASSOCIATION, MONTREAL

Hon. President, Miss Jane Craig; President, Miss Elizabeth Wright; First Vice-President, Miss Edna Payne; Second Vice-President, Miss E. Corbett; Treasurer, Miss Jane Craig; Secretary, Miss Ruby Kett; Conveners of Committees, Membership, Miss F. Martin; Finance, Miss E. MacWhirter; Programme, Mrs. A. Barwick; Representative to "The Canadian Nurse," Miss O. V. Lilly.

THE ALUMNAE ASSOCIATION OF THE WOMEN'S HOSPITAL, MONTREAL

Hon. President, Miss E. F. Trench; President, Mrs. Crewe; First Vice-President, Miss Seguin; Second Vice-President, Mrs. Hug; Treasurer, Miss Trench; Secretary, Miss N. J. Brown; Sick Visiting Committee, Mrs. Kirke, Miss Thompson; Representative to "The Canadian Nurse," Miss A. Orr.

Regular Meeting—Third Wednesday, at 8 p.m.

A.A. SCHOOL FOR GRADUATE NURSES, McGILL UNIVERSITY, MONTREAL, P.Q.

President, Miss F. H. Upton; Vice-President, Miss Nash; Sec.-Treasurer, Miss H. Chagnon, 233 Fairmount St. West, Montreal; Representatives to Local Council of Women, Miss Martin and Miss Babson; Representative to "The Canadian Nurse" and Convener of Committee of Teaching Section, Miss Sharpe; Conveners: Administration Section, Miss McCammon; Public Health Section, Miss Matthews; Reception and Programme Committee, Miss Lilly.

ALUMNAE ASSOCIATION OF JEFFERY HALE'S HOSPITAL, QUEBEC

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